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CITY OF CARLISLE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1966

JAMES L. RENNIE

M.D., M.R.C.P. (Glasgow), D.P.H.
MEDICAL OFFICER OF HEALTH



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HEALTH COMMITTEE 1966-67

Chairman—Councillor LITTLE

Deputy Chairman—Councillor Mrs. ROBERTS

Councillor BIRTLES

Councillor DERRY

Councillor DUNSTAN

Councillor LONG

Councillor MATTHEWS

Councillor PHILLIPS

Councillor MISS SIBSON

Councillor WALKER

OTHER COMMITTEES CONCERNED WITH PUBLIC HEALTH MATTERS

Education Committee—School Health Service.

Welfare Services Committee—Administration of the appropriate Sections
of the National Assistance Act, 1948.

Water Committee—Water Supply.

SENIOR PUBLIC HEALTH OFFICERS

Medical Officer of Health, Principal School Medical Officer, and Chief Welfare Services Officer	— JAMES L. RENNIE, M.D., Ch.B., M.R.C.P.(Glas.), D.P.H.
Deputy Medical Officer of Health, etc.	— DAVID G. PROUDLER, M.B., B.S., D.P.H. (from 16th June, 1966)
Assistant Medical Officer of Health and School Medical Officer	— DAVID G. PROUDLER, M.B., B.S. (up to 15th June, 1966) S. P. J. KERR, M.B., Ch.B. (from 1st Nov., 1966)
Principal Dental Officer—Education and Health	— Mr. H. W. FREER, L.D.S. (Leeds)
Dental Officer—Education and Health	— Miss E. RAE, L.D.S. (Manchester) Miss R. C. ANDREW, L.D.S. (Edinburgh)
Chief Public Health Inspector	— ERNEST BOADEN, A.M.I.P.H.E.
Chief Administrative Assistant	— L. OATES

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting my 20th Annual Report, that for the year 1966.

There were a number of staff changes throughout the year. Dr. Proudler was promoted as Deputy Medical Officer of Health in June and his place was taken by Dr. Kerr in November. Two Health Visitors who had been seconded for training commenced duty after qualification in July. Mrs. McGlone who had been a member of the Health Visiting staff for 33 years retired at the end of December.

The unfit properties (124 in number) in the St. Nicholas Clearance Area were represented during the year.

Our acceptance rate for immunising procedures was above the national average, but this gives no ground for complacency. The number of persons immunised against poliomyelitis is not as high as it should be and the acceptance rates for diphtheria, smallpox and B.C.G. vaccination also leave room for improvement.

Health education was continued as in previous years, the outstanding events being the visit of Pierre the Clown to schools during our Dental Health Week and the schools anti-smoking campaign which occupied a fortnight in October.

Two further visitors for the aged and lonely were appointed during the year and in November, Elizabeth Welsh House, a 45 place purpose-built eventide home, was opened.

In November after a meeting with an officer of the Education and Welfare Department of the Marie Curie Memorial Foundation, a special nursing service for cancer patients was inaugurated.

I desire to record my thanks to all members of the staff of the department for their willing service and to acknowledge the help received from the officers of other Corporation Departments in our general work, as well as in contributions to this Annual Report. I should also wish to express my gratitude to general practitioners and hospital staffs for their co-operation. To the Chairman and members of the Health Committee I desire to give my thanks for the help, encouragement and support given me throughout the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your Obedient Servant.

JAMES L. RENNIE.

Medical Officer of Health.

SECTION I.
VITAL STATISTICS

VITAL STATISTICS

SUMMARY

Area (acres)	6,092
Population (1966) Estimate of Registrar General	70,940
Rateable Value	£2,634,000
Sum represented by a Penny Rate	£10,840

The rates given in brackets are those which would have applied had it been possible to transfer out Scottish births and deaths.

LIVE BIRTHS :	Total	M.	F.
Legitimate	1,166	598	568
Illegitimate	96	60	36

Live Birth Rate per 1,000 of the population — 17.79 (16.72)

Live Birth Rate per 1,000 of the population
as corrected by the Area Comparability
factor of 0.98 is 17.43.

Live Birth Rate for England and Wales — 17.7.

ILLEGITIMATE LIVE BIRTHS (per cent. of total live births)—7.61 (7.42)

STILLBIRTHS	26	16	10
--------------------	----	----	----

Stillbirth rate per 1,000 total live and stillbirths—20.19 (19.83)

Stillbirth rate for England and Wales — 15.4.

TOTAL LIVE AND STILLBIRTHS	1,288	674	614
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INFANT DEATHS (deaths under 1 year)	33	15	18
--	----	----	----

INFANT MORTALITY RATES :

Total infant deaths per 1,000 total live births 26.15 (26.98)

Legitimate infant deaths per 1,000 legitimate live births 27.44 (28.23)

Illegitimate infant deaths per 1,000 illegitimate live births 10.42 (11.36)

Infant Mortality Rate for England and Wales — 19.0.

NEO-NATAL MORTALITY RATE (deaths under four weeks
per 1,000 live births) 19.81 (21.08)

Neo-Natal Mortality Rate for England and Wales — 12.9.

EARLY NEO-NATAL MORTALITY RATE (deaths under one
week per 1,000 total live births) 15.85 (16.86)

Early Neo-Natal Mortality Rate for England and Wales — 11.1.

PERINATAL MORTALITY RATE (Stillbirths and deaths
under one week combined per 1,000 total live and
stillbirths) 35.71 (36.36)

Perinatal Mortality Rate for England and Wales — 26.3.

MATERNAL MORTALITY (including abortion)—

No maternal deaths occurred during the year.

DEATHS	Total	M.	F.
	938	446	492

Death rate 13.22 (12.64) per 1,000 population.

Death rate per 1,000 of the population as corrected by the Area
Comparability factor of 1.11 is 14.67.

Death Rate for England and Wales — 11.7.

POPULATION

The Registrar General's estimate of the mid-year population of the City for 1966 is 70,940, a decrease of 300 on the figure for 1965.

BIRTHS

Live Births

The total number of live births assigned to the City was 1262 ; a decrease of 42 on the figure for the previous year. 76 of these were born to mothers whose normal residence is in Scotland, but had their confinements in City hospitals. The crude live birth rate was 17.79 per 1,000 population, but this figure would have been 16.72 if the Scottish births had been transferable. The birth rate has to be modified by applying the area comparability factor of 0.98 and this gives a rate of 17.43 per 1,000 of population as compared with 17.7 per 1,000 for England and Wales.

Illegitimate Live Births

There were 96 illegitimate live births in the City, a decrease of 12 over the 1965 figure. The percentage of illegitimacy among the live births was 7.61 (7.42 if Scottish births excluded) compared with a figure of 8.28 per cent. in 1965.

Still Births

The figure of 26 still births in 1966 was a decrease of 5 on the figure for 1965, and the rate per thousand live and still births was 20.19 or 19.83 if the Scottish births and still births had been excluded. Still birth rate for England and Wales was 15.4.

DEATHS

The Registrar General credited 938 deaths to Carlisle ; 22 more than the previous year. The crude death rate was 13.22 per thousand of the population and the rate after adjustment by applying the area comparability factor of 1.11 was 14.67 per thousand of population. Included in the 938 deaths were 41 persons who were Scots and if these deaths had been transferable the death rate would have been 12.64 per thousand of population.

Table 1 shows the cause of death and the age at death of the 938 persons. Heart disease and cerebro-vascular accidents are again the principal causes of death.

TABLE 1.

CAUSE OF DEATH	Deaths within subjoined Age Groups credited to the City as a result of Conditions shown									Total deaths whether 'Resident' or 'non-resident' in Institution in the City
	All Ages	Und. 1 Year	1 & Und. 5	5 & Und. 15	15 & Und. 25	25 & Und. 45	45 & Und. 65	65 & Und. 75	75 & up-wards	
1	2	3	4	5	6	7	8	9	10	11
All Causes : Certified .. Uncertified ..	853 85	31 2	6 2	2 2	8 —	26 4	198 29	236 31	346 15	706 488
Tuberculosis Respiratory ..	2	—	—	—	—	—	1	—	1	11
Tuberculosis Other ..	1	—	—	—	—	1	—	—	—	11
Syphilitic disease ..	3	—	—	—	—	—	1	2	—	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections ..	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—
Measles ..	1	—	1	—	—	—	—	—	—	11
Other Infective and Parasitic diseases ..	—	—	—	—	—	—	—	—	—	11
Malignant neoplasm Stomach ..	26	—	—	—	—	—	5	15	6	100
Lungs & Bronchus ..	31	—	—	—	—	1	9	16	5	222
Breast ..	18	—	—	—	—	1	12	3	2	144
Uterus ..	5	—	—	—	—	—	3	—	2	22
Other Malignant & lymphatic neoplasms ..	87	—	—	—	—	5	31	21	30	900
Leukaemia ..	5	—	2	1	—	—	1	—	1	88
Aleukaemia ..	6	—	—	—	—	1	1	3	1	88
Diabetes ..	6	—	—	—	—	1	1	3	1	88
Vascular Lesions of nervous system ..	166	—	—	1	1	—	31	43	90	1055
Coronary disease angina ..	212	—	—	—	—	3	74	74	61	1260
Hypertension with heart disease ..	15	—	—	—	—	—	2	4	9	111
Other heart diseases ..	105	—	—	—	—	1	10	33	61	683
Other circulatory disease ..	46	—	—	—	—	—	11	11	24	388
Influenza ..	10	—	—	—	—	2	—	2	6	22
Pneumonia ..	37	2	2	—	—	1	2	5	25	422
Bronchitis ..	35	—	—	—	—	1	14	10	10	199
Other diseases of respiratory system ..	6	—	1	—	—	—	1	3	1	5
Ulcer of the stomach and duodenum ..	12	—	—	—	—	1	4	5	2	144
Gastritis, Enteritis, Diarrhoea ..	5	3	—	—	—	—	—	—	2	10
Nephritis and Nephrosis ..	7	1	—	—	—	1	3	2	—	5
Hyperplasia of prostate ..	3	—	—	—	—	—	1	1	1	4
Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	—	—	—
Congenital Malformations ..	11	11	—	—	—	—	—	—	—	17
Other defined and ill-defined diseases ..	53	16	2	2	1	2	6	12	12	88
Motor Vehicle Accidents ..	8	—	—	—	2	2	1	2	1	16
Suicide ..	8	—	—	—	3	2	2	—	—	4
Homicide and operations of war ..	—	—	—	—	—	—	—	—	—	—
All other accidents ..	14	—	—	—	1	5	1	—	7	22
TOTALS	938	33	8	4	8	30	227	267	361	754

TABLE 2.

CAUSE OF DEATH	AGE					MONTH												Total Deaths Under 1 Year				
	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	January	February	March	April	May	June	July	August		September	October	November	December
All Causes	20	3	1	1	25	2	—	2	2	1	4	2	4	1	2	9	1	—	1	5	1	31
Certified	—	—	—	—	—	2	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	2
Uncertified	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11
Pneumonia	—	1	—	—	1	1	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	2
*Congenital Malformations	5	2	1	1	9	1	—	—	1	—	—	1	1	1	1	4	—	—	—	2	1	11
Gastro Enteritis	—	—	—	—	—	—	—	2	1	1	—	—	2	—	—	—	—	—	—	—	—	3
Pulmonary Atelectasis	5	—	—	—	5	—	—	—	—	—	—	1	1	1	—	—	—	—	1	2	—	5
Cerebral Anoxia	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2
Respiratory Obstruction	—	—	—	—	—	—	2	—	—	—	1	—	—	—	—	—	1	—	—	1	—	2
Prematurity	5	—	—	—	5	—	—	—	—	—	—	—	—	—	1	3	1	—	—	—	—	5
Bilateral Adrenal Haemorrhage	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Nephritis	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Intracranial Brain Injury	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
	20	3	1	1	25	2	2	2	2	1	4	2	4	2	2	9	1	—	1	6	1	33

* Includes 1 Scottish

Maternal Mortality

No maternal death occurred during the year.

Infantile Mortality

A total of 33 infants under one year of age died during the year. This represents an Infantile Mortality rate of 26.15 per 1,000 live births. The causes of these deaths, the age at which they occurred and the reason are shown in Table 2 from which it will be seen that the chief causes were malformations, atelectasis and prematurity. The infantile mortality rate for England and Wales for 1966 was 19.0 per 1,000 live births.

Deaths Due to Cancer

There has been a slight increase in the deaths due to cancer as can be seen from Table 3 which shows the number of deaths (excluding leukaemia) which occurred each year from 1957 to 1966.

TABLE 3.

1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
146	138	146	163	145	133	165	182	160	167

Inquests

The City Coroner held 46 inquests during the year. Of this number 22 related to deaths of persons living within the City and 24 to persons who resided in other districts but died in Carlisle.

Uncertified Deaths

106 deaths were registered in which no certificate was given by a medical practitioner and in which no inquest was held. 85 of these were in respect of City residents.

The number of such deaths which occurred in 1965 was 92.

SECTION II.
SANITARY CIRCUMSTANCES
AND
HEALTH SERVICES

SANITARY CIRCUMSTANCES AND HEALTH SERVICES

I am indebted to the City Engineer and Surveyor for the report on Sewerage, Sewage Disposal, and Swimming Baths.

SEWERAGE AND SEWAGE DISPOSAL

Design and construction of main drainage works have been continuing throughout the year.

Construction of the Botcherby Relief Sewer is well under way and together with the pumping station, sited near the laundry on Warwick Road should be in operation towards the end of 1967.

Tenders for the extension of the foul and surface water sewers at Morton—Morton Sewers Stage 3—have been received and a start on the works should be possible during the Spring of 1967. These sewers will allow land on the westerly side of Wigton Road to be developed and in particular provide drainage facilities for the Western Area Secondary Modern School.

Tenders for 3 humus tanks at the Willow Holme Sewage Disposal Works have been received and it is hoped that constructional work will commence during the Spring of 1967.

Regular maintenance and cleaning of sewers has continued throughout the year.

SWIMMING BATHS

The Carlisle Swimming Baths were built in 1884 and the accommodation for swimming is substantially as it was when the premises were built. The accommodation consists of two pools, one pool 75' long and 30' wide and the other 60' x 30'. The pools contain 110,000 gallons of water, 5'-6" being the maximum depth in both pools.

Filtration of the pools water is carried out by four 8' diameter vertical type filters having a maximum filtering capacity of 33,668 gallons per hour, which allows the contents of the pools to be filtered every 3½ hours. Alumina Sulphate and Sodium Carbonate is used for this purpose.

Sterilisation is by the marginal system of chlorination, with Chlorine as the agent, using a chlorinator of ½ lb. capacity per hr.

The water content of the pools is changed once each year, when fresh water from the Carlisle Corporation Water Undertakings is used to fill. The filters are back-washed once each week using water from the pools, fresh water is taken from the mains to make up this deficiency.

There are now 3 schools with swimming pools, the Carlisle and County High School for Girls, the Grammar School and Harraby Secondary Modern School. The pools at the High School and Grammar School are identical in design and all three are similar in that they are 'U' shaped. The long leg of the pools is approximately 55 ft. x 24 ft. and the shorter leg 47 ft. x 16 ft. 6 ins.

The pools have a maximum depth of 7 ft. 6 ins. and each has a capacity of 50,500 gallons.

The method of filtration is similar to that employed in the Carlisle Public Baths and sterilisation is by the break point system of chlorination. Samples of water taken for bacteriological examination have proved satisfactory.

During the year the Public Health Inspectors took samples of the water from the Public Swimming Baths and the Schools Swimming Baths for examination and the following are the results :—

(a) PUBLIC SWIMMING BATHS, JAMES STREET.

A total of 14 samples of swimming bath water was submitted from the large and small pools to the Public Health Laboratory for bacteriological examination.

The overall results of the samples were satisfactory.

(b) SCHOOLS SWIMMING BATHS.

A total of 16 samples of swimming bath water was submitted throughout the year from the 3 schools pools to the Public Health Laboratory for bacteriological examination.

The overall results of samples were satisfactory.

WATER SUPPLY

I am obliged to the Water Engineer and Manager for the following report on the City's water supply.

The rainfall recorded at the Geltsdale Waterworks for the year 1st April 1966 to 31st March 1967 was 49.79 inches compared with 44.61 inches in the previous year. The heaviest daily rainfall ever recorded in Geltsdale was on 13th August 1966 when 2.44 inches were recorded. The heaviest monthly rainfall was during August when 6.05 inches were recorded. There was no period of drought during the year and the rainfall was 118% of the long term average.

The storage at Castle Carrock presented no difficulty during the year and the lowest level in the reservoir was 112 million gallons on 5th August 1966. With the abundant supply of water during the second half of 1966 there was no difficulty in maintaining the reservoir at or near full during this time.

During the year 384 samples were taken for bacteriological examination from the sources which supplied the City and the rural district. The results are satisfactory, bearing in mind that some of the shallow spring sources are extremely vulnerable. The samples of Castle Carrock raw water continue to be of high quality prior to treatment and set out below is a table of the analyses of water samples during the year 1966/67.

Source of Sample	No. of Samples Taken	Satis- factory	Sus- picious	Percentage of	
				Unsatis- factory	Satisfactory Samples Taken
Cumwhinton Storage	53	52	1	—	98%
Cumwhinton Works	53	51	2	—	96%
Castle Carrock Raw	37	20	10	7	54%
Castle Carrock Final	54	51	3	—	94%
Crew Fell Final	18	13	4	1	72%
Cowran Cut ...	18	15	3	—	83%
Cumwhitton ...	16	13	1	2	81%
Brampton ...	14	12	1	1	86%
Banks ...	19	12	5	2	63%
Longtown ...	19	14	3	2	76%
Hethersgill ...	18	12	6	—	66%
Walton ...	15	15	—	—	100%
Low Row ...	16	11	4	1	69%
Hallbankgate ...	16	13	1	2	81%
Roughton Gill ...	18	18	—	—	100%

In August 1966 the service reservoir at the Castle Carrock Treatment Works was emptied and cleaned and in March 1967 the High Brownelson service reservoir was cleaned out. A considerable amount of deposit was removed from both these reservoirs, the latter having only been in use for some five years.

Throughout the year considerable use has been made of plastic sponges and the cleaning of water mains giving considerable improvement to supply, particularly in the rural areas.

Difficulties have been experienced during the year in maintaining supplies within the rural area due to increased consumption drawing heavily on inadequate distribution systems.

During the year 15.6 miles of new water mains were laid. These represent the trunk mains of the North and Eastern Area Scheme laid by contract, the 8" main from Talkin to Stoneybank Wood laid by direct labour, together with housing site mains and additions and replacements in the rural area. The total length of water mains at 31st March 1967 was 600.5 miles.

The table below shows the quantity of water consumed per day in the City area and in the rural area, together with the relative consumption for domestic and trade use in these two areas.

Water distributed from Cumwhinton Reservoir	.	.	3.775 m.g.d.
Water distributed to rural area other than above	.	.	1.211 m.g.d.
Consumption per head per day through Cumwhinton		Domestic	35.8 galls.
		Trade	11.4 "
Consumption per head per day in rural area	—	Domestic	25.8 "
		Trade	34.8 "

Work has proceeded on the North and Eastern Area scheme and with 7½ miles of trunk main and 1 mile of distribution main completed, work has continued on the construction of the 2 million gallon service reservoir at Waygill Hill and the construction of the Pumping Station at Castle Carrock. Work is proceeding on further lengths of trunk and distribution main, together with another service reservoir at Prior Rigg. Progress on the construction of this scheme is satisfactory and it is hoped that the scheme as a whole will be in operation as previously determined.

The pools have a maximum depth of 7 ft. 6 ins. and each has a capacity of 50,500 gallons.

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After considerable negotiation agreement was reached between Messrs. Laing's and the Corporation regarding the filling of the quarry at Kingmoor brickworks by controlled tipping, and tipping operations were actually commenced in October. This valuable site will provide tipping accommodation for a number of years.

Refuse Disposal — Destructor Works

The following statistics indicate the amount of refuse disposed of at the small two-cell incinerator situate adjacent to the Cleansing Depot :—

Vegetables and miscellaneous	...	675 tons
Fish Offal	... ..	26 tons
Animal carcasses	... ..	1584

Salvage Disposal

The demand for wastepaper remained consistent until November when the effect of the general trade recession throughout the country began to be felt and, in consequence, the demand was reduced. The demand for other salvage materials which had been declining throughout the year became even further reduced.

The following statistics record the amount and nature of salvage recovered and sold during the year :—

		Tons	Cwts.	Qrs.
Waste Paper	...	1,132	4	0
Baled Tins	... ..	21	19	0
Bottles	... ..		1	0

HEALTH SERVICES

Laboratory Service

The laboratories of the Hospital Service and the Public Health Service are both situate at the Cumberland Infirmary. Our thanks are due to Dr. Inglis and Dr. Davies and their staff for their helpful co-operation in laboratory investigation of infectious disease and other routine matters, as well as in research projects.

PUBLIC ANALYST

The Analyst for the City is J. G. Sherratt, B.Sc., F.R.I.C. of Chester, and particulars of the analysis of samples submitted to him during the year are to be found in Section VII.

REGISTRATION OF NURSING HOMES

Durranhill House is the only nursing home in the City and it is registered as a mental nursing home to admit up to 65 sub-normal adult females.

CARLISLE CREMATORIUM

The Medical Officer of Health and his Deputy continue to act as Referee and Deputy Referee to the Municipal Crematorium.

SECTION III.

**OCCURRENCE AND CONTROL OF
INFECTIOUS DISEASES**

OCCURRENCE AND CONTROL OF INFECTIOUS DISEASES

The number of cases of infectious disease notified fell from 1420 in 1965 to 919 in 1966. The measles notifications were 703 in 1966 as compared with 1126 in 1965, and there were 118 cases of whooping cough compared with 9 in 1965. Table 4 sets out the number of cases by age groups.

TABLE 4.

DISEASES	Total number of cases notified	Number of cases incorrectly notified	Net number of cases notified	Number of cases notified at various ages						
				Under 1 year	1-4 years	5-14 years	15-24 years	25-44 years	45-64 years	65 and upwards
Scarlet Fever	24	—	24	—	9	13	2	—	—	—
Whooping Cough	118	—	118	4	58	54	—	1	—	1
Diphtheria	—	—	—	—	—	—	—	—	—	—
Measles	703	—	703	42	403	255	—	2	1	—
Pneumonia	4	—	4	—	—	—	—	2	—	2
Acute Poliomyelitis :										
Paralytic	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—
Dysentery	46	—	46	2	8	21	1	11	1	2
Ophthalmia Neonatorum .	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	2	—	2	—	—	—	—	2	—	—
Smallpox	/	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—
Tuberculosis Respiratory	16	1	15	—	—	—	1	3	9	2
Meninges	2	—	2	—	—	1	—	1	—	—
Other	1	—	1	—	—	—	—	—	—	1
Food Poisoning	4	—	4	1	—	—	—	1	2	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—
TOTALS	920	1	919	49	478	344	4	23	13	8

Measles

703 notifications of this disease were received during the year. One death from measles was registered but the case had not been previously notified.

Dysentery

There were 46 notifications of this disease during the year.

Food Poisoning

Four notifications were received during the year. All were isolated individual cases. One case was due to Salmonella meunchen probably contracted abroad, and another due to Salmonella derby thought to have been contracted at a well-known sea-side resort while on holiday, and one was due to Salmonella potsdam. The cause of the remaining case was not determined.

I am indebted to Dr. H. J. Bell, Consultant Venereologist, for the following report :—

Last year I began my short report with a Table which gave the total numbers of new patients from the City itself. I remarked, then, that the year to year incidence of gonorrhoea and non-specific urethritis seemed to reveal no significant trend one way or the other. The additional figures for 1966 still confirm this conservative opinion :—

TABLE 5.

	TOTAL	1958	1959	1960	1961	1962	1963	1964	1965	1966
Non-gonococcal urethritis		11	12	11	8	16	25	13	7	17
Gonorrhoea (Males ..		12	10	13	8	10	11	16	16	16
Gonorrhoea (Females) ..		3	2	7	4	2	6	12	9	8
Total ..		26	24	31	20	28	42	41	32	41

In a City with a total population of 71,000 the minor fluctuations shown here are not significant. The total figures, too, suggest that the incidence of Venereal Disease in our locality remains surprisingly low.

In my Report of last year I had a good deal to say about the advertisement—or lack of advertisement—of the V.D. Clinics in this area. The Medical Officer of Health and I have spent a good deal of time together working on this problem. Our main concern has been that of long-distance lorry drivers. In the long haul, say from London Docks to Scotland, Carlisle is the ‘half-way house’, and we considered it our especial responsibility that drivers who required advice or help should know where to find it. Accordingly, we planned that all way-side halts (and especially night-halts) on the main route from Beattock to Shap on our section of the north-bound route, and also on the road westwards to Dumfries and beyond should be asked to accept for display a simple notice showing the V.D. Services available in this area. Each notice gives a list of all the hospitals in the area, along with telephone numbers, and more precise details of the times at which Special Treatment Clinics are attended by the Venereologist. The organisation of this programme has been successfully completed, and the co-operation of the various managers of lorry-drivers’ cafés, Medical Officers of Health and Health Inspectors concerned, has been a source of reassurance to myself.

1966 marked the half-century of the V.D. Services in this country, for the recommendations of the Royal Commission on Venereal Diseases were implemented in 1916. These Regulations made way for the Venereal Diseases Act of 1917. Under this Act, quackery and quacks’ advertisements were put an end to. V.D. Clinics became the responsibility of Local Authorities and were supervised by their Medical Officers of Health. Access to clinics was open to all, and treatment free to all. With the start of the National Health Service in 1948, responsibility for the clinics passed from the Local Health Authorities to the Regional Hospital Boards—a transfer which many of us still regard with regret.

Notification Fees

The total amount paid in fees to medical practitioners for the notification of all notifiable diseases during the financial year 1966/67 was £117-15-6d.

SECTION IV.

TUBERCULOSIS AND OTHER
CHEST CONDITIONS
AND
MASS RADIOGRAPHY

TUBERCULOSIS AND OTHER CHEST CONDITIONS AND MASS RADIOGRAPHY

By W. HUGH MORTON, Consultant Chest Physician

Introduction

The Chest Centre statistics for 1966 show little alteration in the trend as far as tuberculosis and pulmonary cancer are concerned. The number of new cases of active pulmonary tuberculosis was 35 in 1966 compared to 34 in 1965. The number of cases of tuberculosis under supervision at the Chest Centre has dropped from 1248 to 1013, although the number of cases on the active register increased slightly from 424 to 427. The diagnosis of the disease was confirmed bacteriologically in just under 50% of the new cases.

The number of new cases of bronchial carcinoma for 1966 unfortunately shows a slight increase compared to 1965 but the figure is still below that of 1964. Of the new cases only 7 were submitted for surgery. The Cytotoxic Drug therapy trial still continues and it is yet too early to draw any conclusions from this.

The number of new cases of bronchiectasis seen at the chest centre in 1966 is a new low record, and the majority of these cases were in adults. All cases are treated by intensive physiotherapy, including postural drainage, and no case has been referred for surgery during the year. The steady decline of serious respiratory disease in childhood along with prompt detection and treatment with antibiotics has obviously contributed most to this state of affairs. Indeed, bronchiectasis should largely disappear completely now as a surgical problem.

Chronic bronchitis with or without emphysema is the commonest condition seen in new patients, and, in spite of treatment, continues to take an abnormally high toll of life in this country; it is estimated that five times as many people die of this disease as are killed on the roads.

TUBERCULOSIS

Table 6 shows the number of notifications throughout England and Wales for 1966 and the preceding five years:—

TABLE 6.

Year	Pulmonary	Non-Pulmonary
1961	19,187	2,728
1962	17,973	2,685
1963	16,355	2,608
1964	15,026	2,581
1965	13,552	2,550
1966	12,372	2,244

Table 7 shows the number of primary notifications of tuberculosis by age, sex and type received by the Medical Officer of Health during the year.

Table 8 shows the number of notifications in the area covered by the East Cumberland Hospital Management Committee for the past ten years.

TABLE 8.

	CARLISLE CITY		EAST CUMBERLAND		NORTH WESIMORLAND		TOTALS	
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm	Non-Pulm
1957	68	8	54	12	3	1	125	21
1958	66	17	47	15	4	1	117	33
1959	59	8	50	11	7	2	116	21
1960	46	12	19	6	7	2	72	20
1961	28	9	28	8	2	1	58	18
1962	26	—	23	2	3	1	52	3
1963	19	4	18	5	—	1	37	10
1964	14	6	25	6	3	—	42	12
1965	20	4	14	5	—	1	34	10
1966	20	1	11	4	4	1	35	6

There has been comparatively little change in the regimen of investigation and therapy in tuberculosis. No new drugs have been introduced, and therapy with our present drugs has proved reasonably satisfactory in most cases. Comparatively few patients with tuberculosis require surgery. The number of cases of tuberculosis with organisms resistant to most drugs at the end of the year total 4.

The problem of tuberculosis in immigrants in this country is still a serious one and little positive action has been taken by British Governments to prevent tuberculosis being imported. Most of the imported tuberculosis is found amongst Indians and Pakistanis. The majority of these immigrants settle and work in Midland centres such as Birmingham and Bradford, and, as far as numbers go, this area has had comparatively few immigrants, suggesting that the problem in this area is insignificant. The actual number of immigrants suffering from tuberculosis in an area is not, however, the whole problem.

Much more serious is the problem of drug resistance in these cases. Primary drugs resistance was shown by the Medical Research Council report in 1963 to be much commoner in immigrants. Although during 1966 we have had only one case of tuberculosis in an immigrant in this area, this case is also drug resistant. In 1961 we had six immigrants in this area who were found to be suffering from tuberculosis. Unfortunately the immigrant discovered last year had been in Carlisle since 1961 and escaped our contact examinations.

Not only does this new immigrant have a positive sputum but the organisms present are resistant to first-line anti-tuberculous drugs. Moreover, in spite of his sojourn in Carlisle for six years, he cannot speak a word of English. He had obviously had treatment for tuberculosis previously in the Far East but because of language difficulties it is quite impossible to discover what drugs were then used in his treatment. Finally, during his stay in Carlisle he has been employed in a restaurant.

The risk to other people during this period has therefore been very real and dangerous. The possibilities of developing active disease with drug resistant tubercle bacilli creates immense problems as far as treatment is concerned. One must strongly emphasise therefore the need for complete medical and x-ray examination of all prospective immigrants before they are allowed into the country. This measure demands urgent priority.

Contact examinations have continued as in previous years, and no contact has been found to be suffering from active disease. All susceptible contacts have been vaccinated with B.C.G. vaccine.

Table 9 shows the number of chest beds available during the year with the number of discharges for both 1966 and 1965.

TABLE 9.

Hospital	Beds available	No. discharged in 1966	No. discharged in 1965
Ward 18,			
Cumberland Infirmary	14	267	271
Longtown Hospital ...	26	146	141
Blencathra Hospital ...	11	27	43

LUNG CANCER

Table 10 shows the number of cases of carcinoma of the lung seen at the chest centre during 1966 and the previous nine years.

TABLE 10.

Year	Carlisle City	East Cumberland	North Westmorland	Total
1957	23	11	3	37
1958	27	27	5	59
1959	26	31	2	59
1960	31	20	3	54
1961	28	30	6	64
1962	30	29	1	60
1963	34	36	4	74
1964	36	38	6	80
1965	26	26	2	54
1966	35	29	3	67

The first report of the M.R.C. on the evaluation of therapy in bronchial carcimona was published in November last. This concluded that the results of treatment in small celled carcinoma of the bronchus are very poor, and that neither surgery nor Megavoltage radiotherapy appreciably influences the course of the disease ; if anything, the advantage in this type of bronchial carcimona lay with radiation therapy. In the squamous type of bronchial carcimona on the other hand, providing the individual patient conforms to the accepted minimal standards required for surgery, then surgery is obviously the therapy of choice.

MASS RADIOGRAPHY UNIT

(NOTE : Figures given in brackets throughout the report relate to the corresponding figures for 1965).

18,556 (15,296) persons were examined by the Units during the year and of these 798 (587) were referred for clinical examination.

Table 11 shows the number of abnormalities revealed during 1966 throughout the whole of the Special Area.

TABLE 11.

	No. of cases found	Percentage of Total examined
ABNORMALITIES REVEALED		
(1) Non-tuberculous conditions		
(a) Bronchiectasis	30 (13)	.16 (.08)
(b) Pneumoconiosis	13 (8)	.07 (.05)
(c) Neoplasm	36 (17)	.19 (.11)
(d) Cardiovascular conditions	42 (49)	.23 (.32)
(e) Miscellaneous requiring investigation	13 (7)	.07 (.05)
(2) Pulmonary tuberculosis		
(a) Active	20 (22)	.11 (.14)
(b) Inactive requiring supervision	67 (65)	.36 (.42)

Table 12 gives an analysis of the work of the mobile unit divided into the East and West Cumberland areas.

Table 13 gives an analysis of the work of the Static Unit in Carlisle, the static Unit at the West Cumberland Hospital and the work of the mobile unit while operating in a static role at Workington Infirmary.

TABLE 12.

WEST CUMBERLAND																
Miniature Films	Clinical Examinations	Active Tuberculosis	Inactive Tuberculosis requiring supervision	Bronchiectasis	Neoplasm	Pneumoconiosis	Cardiac conditions	Source of examination	Miniature Films	Clinical Examinations	Active Tuberculosis	Inactive Tuberculosis requiring supervision	Bronchiectasis	Neoplasm	Pneumoconiosis	Cardiac conditions
20								Doctor's cases				1				
70								Contact cases	154	3						
65	2							Students	22	1						
22	2							School staff								
1,861	25						3	General Public								
346	9		2				1	Surveys	2,012	24						
2,384	38		2				4	TOTALS	2,183	28		1				

TABLE 13.

STATIC UNITS	CARLISLE						WHITEHAVEN						WORKINGTON					
	Miniature Films	Clinical Examinations	Active Tuberculosis	Inactive Tuberculosis	Bronchiectasis	Neoplasms	Pneumoconiosis	Cardiac Conditions	Miniature Films	Clinical Examinations	Active Tuberculosis	Inactive Tuberculosis	Bronchiectasis	Neoplasms	Pneumoconiosis	Cardiac Conditions		
Doctors' Cases	2,669	293	7	10	16	24	22		948	73	1	8	5	3	2	—		
Contact cases	78	2	—	—	—	—	—		103	1	—	—	—	—	—	—		
General Public	2,109	79	2	3	4	5	5		1,528	33	1	2	—	—	1	1		
Hospital	—	—	—	—	—	—	—		2,069	71	2	18	3	2	6	4		
Outpatients	779	19	—	—	—	—	3		813	9	—	1	—	—	—	1		
Employees	—	—	—	—	—	—	—		47	3	—	1	—	—	—	—		
Students	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—		
TOTALS	5,635	393	9	13	20	29	30		5,508	190	4	30	8	5	9	6	2,841	149
											7	21	2	2	4	3		

Table 14 gives the relative figures as between East and West Cumberland for the past eight years.

TABLE 14.

Year	EAST CUMBERLAND						WEST CUMBERLAND					
	Active Tuberculosis	Inactive Tuberculosis	Neoplasm	Cardiac Conditions	Bronchiectasis	Pneumoconiosis	Active Tuberculosis	Inactive Tuberculosis	Neoplasm	Cardiac Conditions	Bronchiectasis	Pneumoconiosis
1959	33	40	13	241	37	3	14	24	4	39	15	71
1960	21	11	19	120	19	2	18	21	7	23	9	52
1961	20	11	24	144	23	4	13	20	5	24	10	42
1962	24	14	25	71	22	2	12	63	9	18	19	60
1963	17	4	21	67	27	6	8	58	3	23	18	37
1964	13	7	16	47	22	1	7	36	7	10	5	14
1965	10	15	9	40	12	—	12	50	8	9	1	8
1966	9	15	29	34	20	—	11	52	7	8	10	13

Table 15 refers solely to the area covered by the East Cumberland Hospital Management Committee and shows the number of new cases of neoplasm discovered.

TABLE 15.

	1959	1960	1961	1962	1963	1964	1965	1966
No. of cases of neoplasm seen at Chest Centre	59	54	64	60	74	80	54	67
No. discovered by M.M.R.	13	19	24	25	21	16	9	29

COMMENTS

The mass radiography figures for 1966 again stress the importance of the groups of people sent for examination by their own doctors and fully justify the modern concept of mass radiography examination. Whilst the examination of ordinary members of the public does result in the diagnosis of one or two cases of active tuberculosis and one or two cases of pulmonary carcinoma, in some of these cases at least the patient's own doctor has asked him to attend for x-ray although the patient himself does not give this information to our staff. The mass radiography unit is a service for the use of general medical practitioners and we feel that the service is not yet used to its fullest extent. Reading sessions continue to be carried out three times weekly and both technical and medical staff could cope quite easily with several hundred more patients referred by general practitioners.

The routine examination of hospital out-patients is also a very worth while procedure as is evident by the figures relating to the static unit operating at the new West Cumberland Hospital.

SECTION V.

SERVICES PROVIDED UNDER PART III.

OF THE

NATIONAL HEALTH SERVICE ACT,

1946, AND THE

MENTAL HEALTH ACT, 1959

SERVICES PROVIDED UNDER PART III. OF THE NATIONAL HEALTH SERVICE ACT, 1946, AND THE MENTAL HEALTH ACT, 1959

These services encompass a wide variety of activities undertaken by the Local Health Authority and are complementary to those provided by the Hospital Board and Executive Council.

CARE OF MOTHERS AND YOUNG CHILDREN

Early notification of births is made to your Medical Officer under Section 203 of the Public Health Act, 1936. In 1966 the number of notifications received was 2,059. This is a decrease of 26 on the previous year. 887 of the children were born to parents who normally reside outside Carlisle. Of the City births 1,149 were live births and 23 stillbirths.

Ante-Natal Clinics

The majority of mothers now have their first confinement in hospital. These mothers attend the hospital ante-natal clinic for supervision and exercises. It follows from this that the majority of women who are confined at home are multipara. These women are supervised by a General Practitioner Obstetrician and attend the Council's ante-natal clinic at Eildon Lodge, which is staffed by Midwives and Health Visitors. Classes for relaxation and mothercraft are held, but are not well patronised. There may be two reasons for this. The first is that a mother now has a family to consider and to attend a clinic means making special arrangements. The second is that many mothers feel that once they have been given instruction for the first baby then they are unlikely to learn anything new during the second and subsequent pregnancies—a false premise. Every mother is offered the opportunity of an examination by one of the Council's Dental Officers soon after her attendance at the ante-natal clinic and any necessary dental treatment may be carried out by one of your Dental Officers or by the patient's dental practitioner.

Post-Natal Clinics

Post-natal examinations were not conducted at the Council Clinic. All these examinations took place in the surgery of the General Practitioner Obstetrician or in the patient's home and when practitioners had difficulty in arranging such examinations the District Health Visitor called and endeavoured to get the patient's co-operation.

Provision of Maternity Outfits

Each of the expectant mothers booked for domiciliary confinement was issued with a maternity outfit and additional dressings, when necessary, were provided.

Family Planning

The Council does not provide directly a family planning clinic but it makes the clinic at Eildon Lodge available free of charge to the Family Planning Association which holds a clinic each Wednesday afternoon and occasionally on another afternoon if the work necessitates this. Ladies are seen by appointment.

Where family planning is necessary for medical reasons and the patient cannot meet the cost of the prescribed treatment the Association can provide the appliance and recover the cost from the Local Authority.

Care of Premature Babies

A premature infant is one which weighs 5½lbs. or less at birth. The number of babies in this category who were born in the City during 1966 was 71, 67 in hospital and 4 at home. One of the babies born at home was removed to the Premature Baby Unit at the City Maternity Hospital in a special incubator. This incubator which is designed to operate in ambulances is stored at the City Maternity Hospital, and is the joint property of the Hospital Authorities, Cumberland County Council and the City Council. Close co-operation between the Council's staff, General Practitioners and the hospital staff ensures the best possible after-care for premature infants.

The number of premature stillbirths was 15, and all were born in hospital.

Notification of Congenital Abnormalities

The register of children born with congenital malformations which was started in January, 1964, was continued as in previous years.

The number of children who were found by doctors and midwives to have defects at birth and notified to me in 1966 was 31. Of these 10 referred to children of mothers whose residence was outside the city area, and the information was transferred to the Medical Officer of Health of the area concerned. The total number of Carlisle children with defects was 21 and the following is an analysis of the defects notified.

CENTRAL NERVOUS SYSTEM

Anencephalus	...	...	...	...	1
Hydrocephalus	...	...	...	...	5
Spina Bifida	...	...	...	...	7
Other defects of spinal cord	...	...	...	...	3

EYE, EAR

Accessory auricle	2
-------------------	-----	-----	-----	-----	---

ALIMENTARY SYSTEM

Cleft Lip	...	...	...	...	2
Cleft Palate	...	...	...	...	2
Rectal and anal atresia	...	...	...	...	1
Other defects of alimentary system	...	...	...	...	1

HEART AND GREAT VESSELS

Interatrial septal defect	...	...	...	...	1
Interventricular septal defect	1
Persistent ductus arteriosus	1

LIMBS

Talipes	6
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Child Welfare Clinics

The following is a list of the sites of the Child Welfare Clinics and the days on which the Clinics are held.

- (1) Eildon Lodge Clinics—Monday & Thursday afternoons—weekly.
- (2) Upperby Church Hall—Tuesday afternoons—weekly.
- (3) Harraby Church Hall—Tuesday afternoons—weekly.
- (4) Wigton Rd. Methodist Church Hall—Wednesday Mornings—weekly.
- (5) St. Mark's Church Hall—Alternate Wednesday afternoons.
- (6) Morton Manor—Alternate Wednesday afternoons.

The number of children who attended these clinics and the attendances they made are shown below.

No. of children who attended Centres during the year	...	...	...	...	...	...	...	3040
No. of children who attended Centres and were born during:—								
1966	...	...	...	...	...	...	...	881
1965		...	...	...	...	...	...	873
1961-64	...	...	...	...	...	...	...	1286
Total number of attendances made by children who attended the Centres	...	...	...	...	...	...	...	14233

Distribution of Welfare Foods

The distribution of welfare foods was transferred from the ground floor premises in the Civic Centre to the main Health Department on 3rd floor from 31st May, 1966. Apart from this there has been no alteration in the service.

Dental Treatment Provided for Expectant and Nursing Mothers and Pre-School Children

Report by Mr. H. W. FREER, Principal Dental Officer.

Again I have to report a rise in the number of pre-school children attending the clinic, 207 as compared with 167 last year. Not as spectacular as I had hoped but a heartening move in the right direction.

Attendance of Expectant and Nursing Mothers is again lower. 107 compared with 156 last year. It is perhaps significant that the extraction figure has materially risen for pre-school children 227 against 153 last year and it is appropriate at this stage to record my regret that it was not found possible to fluoridate the water supply as this seems to be the only real answer to this problem of early tooth decay.

The equivalent of 75 sessions was spent on this work by the Dental Officers. I wish to record my thanks to all the Health and Welfare staff who assist in this important branch of our work.

Dental Services for Expectant and Nursing Mothers and Children under 5 years

Part I

Attendances and Treatment

Number of Visits for Treatment During Year

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	123	53
Subsequent Visits	191	115
Total Visits	314	168
Number of Additional Courses of Treatment other than the First Course commenced during year	18	4
Treatment provided during the year—		
Number of Fillings	169	49
Teeth Filled	163	46
Teeth Extracted	227	230
General Anaesthetics given ...	84	26
Emergency Visits by Patients ...	27	5
Patients X-Rayed	—	3
Patients Treated by Scaling and/or Removal of stains from teeth (Prophylaxis)	2	13
Teeth Otherwise Conserved ...	7	—
Teeth Root Filled	—	—
Inlays	—	—
Crowns	—	—
Number of Courses of Treatment Completed during the Year ...	105	35

Part II

Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	8
Patients Supplied with Other Dentures ...	2
Number of Dentures Supplied	17

Part III

Anaesthetics

General Anaesthetics Administered by Dental Officers	6
--	---

Part IV

Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections During Year ...	A. 207	D. 107
Number of Patients in A and D above who required Treatment	B. 153	E. 78
Number of Patients in B and E above who were Offered Treatment	C. 143	F. 62

Day Nursery

The Raffles Day Nursery, originally opened to encourage mothers to go to work during the second World War, now fills a medico-social function. Priority of admission is given to the children of unmarried mothers, widows, divorcees or where the mother is ill or there are other adverse environmental factors. Lonely children, those with developmental difficulties and those suffering from lack of training in the home are also admitted. The vacancies remaining when these needs have been met are given to the children of married couples where both parents have to go out to work. Originally intended as a 50 place Nursery it is at present staffed to take up to 40 children. The average daily attendance during 1966 was 33.4. The charge per child varies from 2s 6d. to 10s. per day.

Nurseries and Child Minders Regulations Act, 1948

The number of persons registered under the above Act and in operation at the end of the year was 4. One person was authorised to receive into her own home 8 children under the age of 5 years, another was registered to take in 8 between the ages of 1 and 5 years, another to admit 10 children between 3 years and 5 years, and one to receive 12 children between the ages of 2 and 5 years. All of these homes were visited periodically during the year by one of your Medical Officers, and were found to maintain a good standard.

Mother and Baby Homes

The Carlisle Corporation continued the arrangements with the two voluntary organisations for the admission and care of unmarried mothers and illegitimate children.

The Carlisle Diocesan Council for Social and Moral Welfare maintains two establishments, St. Monica's Home, Kendal, where unmarried mothers are admitted, have their babies and remain for a period of resettlement after confinement, and Coledale Hall, Carlisle, which offers shelter to the mother before confinement, and to the mother and child after confinement in hospitals.

The Lancaster Diocesan Protection and Rescue Society has a similar Home at Brettargh Holt, near Kendal, to which Catholic mothers are admitted and where the confinement takes place.

The number of Carlisle cases admitted to these Homes during the year is shown in Table 16.

TABLE 16.

1966	Coledale Hall	St. Monica's	Brettargh Holt
Number of mothers	2	6	—
Number of weeks residence ...	15	44	—

The Social Workers of the Carlisle Diocesan Council act as Welfare Workers on behalf of the City Council for the care and protection of illegitimate children and in 1966 dealt with the following cases.

Unmarried Mothers	...	...	...	...	...	...	20
Married women	...	...	...	...	...	...	6
Adoption enquiries	...	...	...	...	...	...	5
Behaviour problems	...	...	...	...	...	...	1

MIDWIFERY SERVICE

The number of domiciliary confinements in 1966 was 113; this is a decrease of 78 on the 1965 figure.

This decrease is the result of the modern tendency for mothers to favour hospital confinement, but this trend may well be reversed when George Street Maternity Home is demolished preparatory to the construction of the relief road.

Table 17 shows the number of deliveries attended by the district midwives during 1966.

TABLE 17.

	Doctor not booked		Doctor booked		Totals	Cases in Institutions
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Doctor or another)	Doctor not present at time of delivery of child		
Midwives employed by the Authority	—	—	6	107	113	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.	—	—	—	—	—	1924
Midwives in Private Practice (including Midwives employed in Nursing Homes).	—	—	—	—	—	—
TOTALS	—	—	6	107	113	1924

All the domiciliary midwives are qualified to administer analgesics in accordance with the regulations of the Central Midwives' Board and are supplied with Minnitts gas and air apparatus.

This form of analgesia was administered in 93 cases and pethedine in 45 cases.

The midwives summoned medical aid under Section 14 (1) of the Midwives Act, 1951, on 38 occasions.

Supervision of Midwives

Dr. Proudler continued to act as Medical Supervisor of Midwives during the year. 6 domiciliary and 54 hospital midwives notified their intention to practice during the year.

GENERAL PRACTITIONER OBSTETRICIANS

The number of General Practitioner Obstetricians on the list of the Carlisle Executive Council at the end of the year was 38.

HEALTH VISITING

On December 31st, 1966, there were 14 Health Visitors in post (13 doing field work and one Superintendent). This figure includes two Students who returned from Aberdeen after successfully completing their training and obtaining their Health Visitor's Certificate, and Miss J. Stewart who joined the staff in July, 1966.

Mrs. McGlone retired in December after 33 years service with the Corporation Mrs. Hudspith left the department in November after 10 years service here.

No applications have been received from suitably qualified nurses to train as Health Visitors during the academic year 1966/67.

The attachment of Health Visitors to general practices has been continued and the scheme is now functioning smoothly. It appears to be the generally accepted opinion among your Health Visitors that the advantages outweigh the disadvantages. This method of working gives a better integrated service to the general public, and is more in line with the present-day concept of the Health Visitor as a family visitor.

The following is a summary of the work undertaken by the Health Visitors.

Visits to expectant mothers—

First visits	...	...	...	...	...	...	...	...	231
Total visits	...	...	...	...	...	...	...	...	345

Visits to children born in 1966

First visits paid by a H.V. after birth of a child born in 1966	1151
Total visits paid by a H.V. after birth of a child born in 1966	4259

Visits to children born between 1961 and 1965—

Total visits	12924
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Visits to other cases in respect of—

Hospital After-care requests	107
Old People (care and after-care)	2543
Infectious Diseases	...	...	...	...	...	1
Miscellaneous visits	...	...	...	...	...	810
General Practitioners Surgeries	..	...	...	...	...	1248

4709

In addition the Health Visitors paid visits as under—

To Child Welfare Clinics	...	...	...	...	...	662
To Day Nurseries	...	...	...	...	...	—
To Ante-Natal, Mothercraft and Relaxation Classes	...	...	...	...	...	44

Included in the Old People (care and after-care) figure is 592 visits by the Public Health Nurse.

HOME NURSING

A staff of 1 Superintendent, who is also Superintendent of midwives, and 9 nurses including one male nurse, were responsible for the home nursing of sick people in the City. Motor transport is provided. The number of patients attended by the district nurses in 1966 was 1268; 11 less than in 1965, but the number of visits increased from 34,487 to 34,909.

The type of cases referred to and attended by the staff were:

Medical	...	...	...	...	...	1061
Surgical	...	...	...	...	...	201
Tuberculosis	...	...	...	...	...	6

The ages of the patients visited were :

Under 5 years	...	...	...	...	13
Over 65 years	...	...	...	...	823
Others	...	...	...	...	432

VACCINATION AND IMMUNISATION

The protection of individuals, particularly children against communicable disease by vaccination and immunisation is a most important function of the Health Department and much administration and professional time is taken up in the execution of this work. In addition to the children vaccinated and immunised at the Local Authority's clinics, general practitioners carried out this work at their own surgeries and were paid a fee. From the 1st April, 1967, fees for various forms of vaccination undertaken by general practitioners will be paid by the Executive Council which body will supply this Department with copies of vaccination records submitted.

Smallpox Vaccination

There was an increase in the number of vaccination records received from Medical Practitioners during the year. The number of Medical Practitioners who took part in the Local Authority's scheme was 38 and the work done by them and your own medical staff at clinics is shown below.

By Practitioners :

Primary vaccinations	...	...	...	...	...	437
Re-vaccinations	...	...	...	...	...	181

At Local Authority Clinics :

Primary vaccinations	...	...	...	...	...	445
Re-vaccinations	...	...	...	...	...	64

At Cumberland Infirmary :

Primary vaccinations	7
Revaccinations	126

Total Primary	889
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Total Re-vaccinations	371
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Arrangements were made for school parties going abroad to receive their vaccination at the School Clinic. 61 children received vaccination under this arrangement—8 Primary and 53 Re-vaccinations.

Diphtheria Immunisation

For the 17th consecutive year there has been no notification of a case of diphtheria in the City. In spite of this good record, every effort must be made by all those connected with the welfare of infants and young children to ensure that children are immunised early against this disease. Diphtheria still occurs in this country from time to time in small localised outbreaks which occasionally involve fatalities. It therefore remains vital that a high degree of protection among the child population should be encouraged. The number of Medical Practitioners taking part in the Local Authority's scheme is 38 and the number of immunisations carried out by them and your own medical staff during 1966 was as follows :—

			Under 5 years	5 years and over
By Private Practitioners :				
Complete Course	...	...	619	15
Re-inforcing dose	...	...	247	400
At Clinics :				
Complete Course	...	...	546	45
Re-inforcing dose	...	...	406	1118

Prevention of Tetanus and Whooping Cough

Immunisation for these two conditions is now invariably combined with protection against diphtheria in a triple antigen. Some children still remain who have received only diphtheria immunisation in infancy and these children are offered tetanus vaccination at the Council's Clinics. The number of children receiving protection against whooping cough was 1972 and against tetanus 3349.

B. C. G. Vaccination

B.C.G. Vaccination is made available to children in the 12 year old group. In all cases the children are subjected to a Mantoux Skin Test and those who produce a negative response are then offered B.C.G. vaccination. The vaccination is carried out at the Local Authority's Clinics by members of the medical staff of the department.

The number of children dealt with is given below :

(i)	No. of children skin tested	...	...	...	...	886
(ii)	No. of above who gave positive reaction to Mantoux Test	...	...	...	...	30
(iii)	No. who received B.C.G.	...	...	...	...	805

Tuberculosis is not the rare disease many people now believe it to be (vide Dr. Morton's report). There is still room for improvement in the acceptance rate of B.C.G. vaccination among those children having a negative Mantoux Test. Every effort must be made to persuade parents to accept the protection of B.C.G. vaccination for their children.

Vaccination against Poliomyelitis

Fewer persons received vaccination against poliomyelitis than in the previous year when the outbreak of the disease in the Blackburn area stimulated the population to seek protection. The

necessity for this treatment, which is given by mouth, is continually impressed upon parents by your medical and nursing staff. Although the acceptance rate for children is usually above the national average it still falls short of the level desired. At the end of 1966, 70 per cent. of Carlisle children born during 1965 had received an initial course of treatment. The comparable figure for England and Wales was 68 per cent.

Table 18 shows the work undertaken in connection with poliomyelitis vaccination during the year. This includes vaccinations done by general practitioners who were paid fees amounting to £212 during 1966.

TABLE 18.

	Persons Vaccinated	
Children born during 1966	...	235
Children born during 1965	...	679
Children born during 1964	...	57
Children born during 1963	...	49
Children born 1959-62	119
Others under 16 years of age	...	26
Other age groups	114
		<hr/>
		1279
		<hr/>
No. of persons receiving reinforcing doses		1131

YELLOW FEVER VACCINATION

The number of persons who received yellow fever vaccination during 1966 was 242. These vaccinations were carried out by appointment at the Yellow Fever Vaccination Centre, 2 George Street, which operated at 11-00 a.m. on Mondays and Thursdays throughout the year. A charge of 12/6 was made for each vaccination.

AMBULANCE SERVICE

The Fire and Ambulance service continued to operate as a combined service. The ambulance fleet consists of 5 ambulances, 1 sitting case car (20 seats), 3 ambulance/sitting case cars (10 seats) and 1 ambulance/sitting case car (12 seats). All of these vehicles are fitted with radio.

The calls attended, journeys completed and patients conveyed, together with the mileage recorded is shown in Table 19.

TABLE 19.

	Patients		Journeys	Mileage
City removal to Local Hospitals	...	9,874	9,296	25.682
City cases to distant locations	...	963	836	35.919
Other cases to Distant Locations	...	167	161	5.891
Hospitals to home (City)	...	8,558	8,202	20.711
City Hospitals to County Areas	...	25	17	1.195
County to Local Hospitals	...	—	—	—
Hospital Transfers :—				
(a) City Patients	...	751	683	2.230
(b) Non-City Patients	...	39	39	113
Schools	...	6,327	391	4.616
Training Centre, Kingstown	...	14,777	819	13.131
Emergencies	...	1,121	1,111	4.567
Miscellaneous	...	—	470	1.382
		<hr/>	<hr/>	<hr/>
		42,602	22,025	115.437

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The Tuberculosis After Care Committee which is a Sub-Committee of the Health Committee is responsible for matters affecting the care and after-care of tuberculous patients. This Committee meets when convened, and the Chest Physician attends to report on matters concerning City Patients. On the recommendation of the Chest Physician nourishment in the form of eggs, milk, fish, etc., are supplied to tuberculous patients. For some years now a sum of money has been sent to the Medical Officer of Health by the Cumberland Friends of Sanatoria Patients to provide parcels at Christmas for some twenty patients suffering from tuberculosis. These gifts are much appreciated by the recipients.

Tuberculin (Mantoux) testing of six year old children continued as in previous years. 982 children were so tested. 5 of them gave a positive result. These were referred to the Chest Physician for a full investigation. None were found to have active disease.

CERVICAL CYTOLOGY

During the year the Cervical Cytology Clinic continued to be held at Eildon Lodge Clinic. Two sessions per week were held on Monday evenings and Friday afternoons. The clinic is staffed by two qualified nurses who are trained midwives and who have received special training in this work. Clerical assistance is provided from the central office.

1,180 Carlisle women attended for examination and 10 cases of early cancer were detected. In addition, 196 women from other areas were examined and one of these was found to have early cancer. There is an appointment system and appointment cards are available from Health Visitors, Nurses, Midwives, at all clinics and at the Civic Centre.

OTHER DISEASES

The Staff of the Department co-operated with Hospitals and General Practitioners in this work.

The work in regard to geriatric and other patients has been continued by the Health Visitors and District Nurses, helped where necessary by the Social Workers. The Health Visitors made 2,650 visits to persons in need of care and after-care, and included in this total was 2,543 aged persons. 144 of the aged persons had requested Part III accommodation.

PROVISION OF NURSING EQUIPMENT

This service continues to be much used by the public and during the year 750 articles were issued to patients in their own homes. The articles supplied consist of such items as bedpans, backrests, air rings, wheel chairs, rubber sheeting, etc. A small charge is made on each article and the amount varies with the value of the piece of equipment. This equipment is stored and issued from the Health Department, Civic Centre.

Incontinence Pads

Since 1964 incontinence pads have been supplied to patients who require them. Although all requests are channelled through the Superintendent of District Nurses it is not necessary for a patient to be receiving the services of a District Nurse in order to qualify for pads if the medical practitioner so recommends. The pads have been found to be not only of benefit to the patients but save a great deal of time on behalf of the nurses and in the laundering of soiled bed linen. There is some evidence that the issue of these pads may have contributed to incontinent patients being nursed at home who would otherwise have been referred to hospital.

Protective pants with interliners were provided to incontinent subnormals and mentally ill patients with beneficial results.

The disposal of the pads and interliners has not presented any difficulty. Where possible they have been burnt, but in other cases, suitably wrapped, they have been collected by the refuse collectors without complaint.

Convalescent Treatment

The City Council allows a sum of money to provide convalescent treatment, usually for a period of 2 weeks, at Silloth Convalescent Home for a limited number of persons who are considered by their doctor to need a rest, and are unable to meet the full cost of the treatment. They are assessed on their income and during the year 17 persons benefitted under this scheme.

HEALTH EDUCATION

Health Education is a continuous process carried out by all members of the Health Department staff in the course of their work. It proceeds every time a Health Visitor visits a mother and baby to discuss progress and problems. Indeed, much of the work and value of Child Welfare Clinics may be related to Health Education.

In schools, members of the Health Department staff carry out more specialised and intensive forms of Health Education. These drives rely on reinforcement through the efforts of school teachers who can provide a more regular and continuous course of Health Education throughout the year. An integrated programme of Health Education in the school curriculum is of the greatest importance.

Two big Health Education campaigns held in schools in previous years were repeated again this year. The first, organised by the Principal School Dental Officer, took the form of a visit by "Pierre the Clown" to all infant and primary schools. Dental care and hygiene were the subjects of an amusing but instructive talk.

The second campaign, an anti-smoking drive, took place in all primary and secondary schools. Its organisation was greatly simplified now that the Department possesses its own cine projector. Selected age groups in the schools were visited by Health Visitors

and a Medical Officer. Suitable films were shown and discussions among the children were encouraged. This campaign is now an annual event in which every effort is made to emphasise to children the dangers associated with the use of tobacco. This isolated effort cannot be successful without constant reinforcement and example from all whose work lies among children.

A number of firms and other organisations in the City have sought information on Health Education topics throughout the year. Whenever possible, suitable posters and guidance have been offered. A number of talks on Health Education topics have been given to Clubs and Associations within the City.

Special mention should also be made of the work carried out by the Public Health Inspectors in the Health Education field. These officers spend much of their time in the community supervising environmental hygiene. Their observation of potential dangers to health and their advice to people on the best way to avoid such dangers is of the greatest importance in maintaining the health of the community.

Prevention of the Break-up of Families

A considerable volume of work is done by various members of this Authority to prevent the break up of families. Within the department itself there is very close co-operation between the Health Visitors, Casework Supervisor, Home Help Organiser, Superintendent of the District Nurses and Matron of the Day Nursery in the study of the needs, and the ways in which they can be met, of families where there is a risk of a complete break up, and outside the department the liaison is equally as close with family doctors, head teachers, children's officer, housing manager, hospital staff and workers of voluntary organisations. The Home Help Service provides help in homes where this is necessary and the Children's Committee meet the cost in certain cases. The Council is endeavouring to get additional temporary accommodation in order to keep homeless families together.

HOME HELP SERVICE

This service is complementary to the General Practitioners and Hospital service and the demand on the service continues to increase. 78% of those using the service are aged persons and without it many would have to be admitted to residential accommodation, or to hospital. The number of people who received the service of a home help during the year was 443. The number of persons employed in the service during the year was 3 full-time and 84 part-time, equivalent to a total of 52 full-time Home Helps. The service is controlled by the Organiser and her assistant, and clerical assistance is provided from the staff of the Health and Welfare Department.

CHIROPODY

No chiropodist is employed directly by the City Council but six qualified chiropodists who are registered under the National Health Services (Medical Auxiliaries) Regulations, 1962, participate

in the provision of a chiropody scheme for the benefit of the elderly, handicapped and also expectant mothers.

During the year 1,704 received treatment on 9,521 occasions. Of these 227 had treatment in their own home receiving 952 treatments.

MENTAL HEALTH SERVICES

These services continued to be in great demand. A shortage of staff in the Social Work section of the Department at the beginning of the year was overcome by the appointment of two experienced but unqualified social workers.

With a view to easing the future staffing position, a student social worker was appointed and she is at present attending a two year training course at Portsmouth.

Administration

The Mental Health Sub Committee, consisting of members of the City Council, meets as required to undertake functions relating to patients in accordance with the Mental Health Act, 1959. The Medical Officer and his Deputy are authorised to deal with documents under the Mental Health (Hospital and Guardianship) Regulations, 1960. At the end of the year 3 practitioners were on the list of Approved Medical Officers, 8 other practitioners are similarly approved by the Cumberland County Council and are available when required in this area.

The registration of one mental nursing home was continued and members of the Health Department staff made periodic visits. The home provides for 65 subnormal or severely subnormal female patients aged 16 years and over. At the end of the year the number of patients in this home was 64, three of whom were detained compulsorily.

The Medical Officer is responsible for the general direction of these services and he is assisted by his Deputy. Consultant Psychiatrists at local hospitals are always available for advice and consultations. Other members of the mental health staff are an Educational Psychologist, a Casework Supervisor/Psychiatric Social Worker, two full-time Social/Mental Welfare Officers and three part-time Mental Welfare Officers. As indicated earlier, a trainee social worker was appointed and is at present undergoing training. An Assistant Supervisor at the Junior Training Centre and the Manager of the Adult Training Centre attended training courses lasting an academic year and all the staff of the Training Centre attended a Study Day at Prudhoe Hospital.

Mental Subnormality

The statistical tables 21 and 22 at the end of this section indicate the number of cases referred during the year and those receiving visits at the end of the year. During the year one guardianship patient was admitted to hospital and one person was admitted to guardianship. At the end of 1966 four cases were under guardianship, three to the local health authority and one to a parent. Informal supervision was provided for other cases and assistance is available for the parents of children referred by the local education authority on leaving school. The general employment situation worsened during the year but thanks are due to a number of employers who co-operated with your social workers so that 9 young persons were placed in employment, 6 on leaving schools for the educationally subnormal and 3 from the Adult Training Centre.

St. Stephen's Hostel provided accommodation for a maximum of twelve adult subnormals who need care and attention but are capable of working or attending the Adult Training Centre. At the end of the year only seven persons were in residence, one of whom was in employment and six who attended the Training Centre. A holiday at Southport was provided for the residents and was greatly enjoyed.

Two social clubs for adult subnormals continued to have monthly meetings, one being held at the Training Centre, the other in premises near the City centre. A short holiday was arranged for 16 subnormals at Hawes End and this proved most successful. A similar venture is being arranged for 1967. The arranging of these various social functions is a much appreciated facet of the work of the social workers.

Training Centres

I am pleased to report that at last the new training centres are in sight. At the time of writing, building has begun and the work is expected to be completed within twelve months.

The numbers attending the Junior Centre again showed an increase and at the end of the year there were 50 children on the register and a further 3 were awaiting admission in the next term. Five years ago only 31 children were on the register. In order to cope with the increased numbers, the City Council approved the addition of another assistant supervisor on the establishment during the next financial year.

The Adult Centre had 32 trainees on the register at the end of 1966 and during the year an additional member of staff, a craft instructor, was appointed. The number of trainees would undoubt-

edly be greater if the placement of the educationally subnormal in employment was less successful ; thanks are due to the employers who co-operate with the department in this respect. The production of goods by the trainees continued as in recent years and there was a constant demand for the various wooden and concrete products.

Mental Illness

The appointment of the two social/mental welfare officers during the year enabled more adequate after-care to be provided, and the appointment of a student was made to assist the future staffing position. Co-operation with the medical and social work staff of hospitals was closely maintained.

The Welcome Club for out-patients or those recently discharged from hospital continued to meet weekly in rented premises at the City centre.

Admissions to hospitals, dealt with by the part-time Mental Welfare Officers, were again largely in accordance with Section 29 of the Mental Health Act, 1959. Of these emergency admissions few were subsequently detained compulsorily. These officers were called out on 87 occasions during the year and details are shown in table 20.

TABLE 20.

No. of patients admitted to hospital informally	...	...	...	21
No. of patients admitted in accordance with Section 25	...	...	...	8
No. of patients admitted in accordance with Section 29	...	...	...	55
No. of patients admitted in accordance with Section 60	...	...	...	1
No. of cases in which no action was taken	...	...	...	2

TABLE 21.
PATIENTS VISITED THROUGHOUT THE YEAR

	Mentally Ill		Psychopathic Personality		Subnormal		Severely Subnormal		TOTALS		GRAND TOTAL
	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	
	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	
(a) Attending day training Centre	—	—	—	—	—	—	—	—	—	—	
(b) Receiving Home Visits but not included in (a)	2	3	28	36	—	—	1	6	3	9	78
Total Number of Patients	2	3	28	36	1	—	36	20	39	23	230

TABLE 22.
SOURCES FROM WHICH PATIENTS WERE REFERRED TO HEALTH DEPARTMENT

REFERRED BY	Mentally Ill		Psychopathic Personality		Subnormal		Severely Subnormal		TOTALS		GRAND TOTAL
	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	
	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	
(a) General Practitioner	2	3	—	—	—	—	—	—	2	3	48
(b) Hospitals, on discharge from in-patient treatment	—	—	—	1	—	—	—	—	—	—	64
(c) Hospitals, after or during out-patient or day treatment ..	—	—	—	—	—	—	—	—	—	—	10
(d) Local Education Authorities	—	—	—	—	8	10	9	3	9	3	30
(e) Police and Courts	—	—	—	1	—	—	—	—	—	—	15
(f) Other sources	—	—	—	—	—	—	—	—	—	—	7
TOTAL REFERRALS	2	3	—	2	—	—	9	3	11	6	174

SECTION VI.

**GENERAL PROVISION OF HEALTH
AND WELFARE SERVICES, Etc.**

PROVISION OF WELFARE SERVICES

ADMINISTRATION

Your Medical Officer of Health is Chief Welfare Officer and there is the closest possible integration of health and welfare services which are administered from the Health Department. The demand for special services for the elderly continues to increase.

ACTION UNDER SECTION 47 of the NATIONAL ASSISTANCE ACT 1948 and the NATIONAL ASSISTANCE (Amendment) ACT 1951

Two ladies were removed to Part III accommodation under the 1951 Act and at the expiry of 21 days the Orders were allowed to lapse as in each case the lady concerned agreed to remain in a residential Home.

RESIDENTIAL ACCOMMODATION

The provision of residential accommodation for old people at the end of 1966 was:—

Barn Close—Accommodation for 50 residents of both sexes.

Lime House—A house that has an official capacity for 29 persons but frequently accommodates more than this number.

Aglionby Grange—23 handicapped aged persons of both sexes.

Elizabeth Welsh House—New purpose built home to accommodate 45 persons of both sexes.

On the 8th November, 1966, the City's first new purpose built home for the aged was officially opened by Miss Elizabeth Welsh after whom the Home is named. The first residents were admitted on the 16th November, 1966. On that day Stanwix House, a converted house which had accommodated up to 20 persons, was closed.

The demand for this type of accommodation continues, and each of the Homes is more frequently than not providing for more residents than it should, and still there is a waiting list.

In my Report for 1965 I reported that a block of 22 grouped flatlets for old persons with a warden's flat attached was in the course of construction. These premises were completed during the year and officially opened on the 19th January, 1967, and all flats are now let.

Table 23 shows the number of persons admitted and discharged from the Council's Residential Homes. Another 11 persons were accommodated in Homes provided by voluntary organisations or other local authorities. In addition 17 persons were admitted to the Council's Homes and 6 to other Authorities and voluntary homes for short periods to enable relatives to have a holiday.

TABLE 23.

	Total at 31-12-65		Admitted During Year		Discharged During Year		Total at 31-12-66		Average Daily Occupancy
	M.	F.	M.	F.	M.	F.	M.	F.	
Barn Close ...	14	37	6	24	6	28	14	33	51.19
Lime House ...	21	16	8	10	18	8	11	18	36.35
Stanwix House ... (to 16/11/66)	6	9	9	14	15	23	—	—	16.03
Aglionby Grange	8	17	6	12	8	10	6	19	24.79
Elizabeth Welsh House (from 16/11/66)	—	—	22	23	2	3	20	20	30.89

AGED AND HANDICAPPED PERSONS' VISITATION

Senior citizens residing in aged persons' dwellings provided by the City Council are visited regularly by ladies employed part-time by the Housing Management Committee, but those elderly or handicapped people who live alone in ordinary Council houses or in privately owned ones, may not be regularly visited. In 1965 two part-time lady visitors were appointed to visit these elderly persons and during this year another two were engaged. The purpose of their visits is to overcome loneliness in house-bound aged and handicapped people who have no family to visit them, or whose family are not available for visiting. These ladies work under the general direction of the Superintendent Health Visitor but do not replace the Health Visitor, nor are they expected to undertake the duties of Nurse or Home Help.

TEMPORARY ACCOMMODATION

During the year 9 families were admitted to the flats in the former Married Quarters at the Castle; 5 families being in occupancy at the end of the year. 1 woman and 1 child were accommodated in Aglionby Grange for one night. Table 24 shows the admissions to and discharges from the flats at the Married Quarters and the number remaining in occupancy at the end of the year.

TABLE 24.

		Number of families	Men	Women	Children
In occupancy at 31-12-65	...	2	2	2	4
Admitted during year	...	9	4	11	26
Discharged during year	...	6	4	8	18
In occupancy at 31-12-66	...	5	2	5	12

These flats meet a need. They have prevented the break-up of certain families and have been an aid to rehabilitation of other families. Their very existence, however, has on occasions resulted in certain persons not using their best endeavours to secure normal housing accommodation for their families but the staff are alive to this situation.

WELFARE OF THE BLIND

Ascertainment

During the year 27 cases were brought to my notice who might be suffering from blindness, all were referred to a Consultant Ophthalmologist and 12 were subsequently classified as blind and 12 as partially sighted. Where treatment was recommended by the Consultant the cases were followed up to ensure that this was received. Table 25 shows the causes of blindness and the recommendations made by the Consultant.

The general practitioner is notified when his patient is being examined by an Ophthalmologist for the purpose of blind registration and given a copy of Form B.D.8 after the examination.

TABLE 25.

Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends	Cause of disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
1 (a) No treatment ...	—	—	—	14
(b) Treatment (Medical, Surgical or optical) ...	6	—	—	4
2 Number of cases at (1) (b) above which on follow-up action have received treatment	5	—	—	3

In addition six sighted persons were re-examined by a Consultant Ophthalmologist. 5 were re-classified blind and one de-certified.

Social Rehabilitation

There was no newly ascertained blind or partially-sighted person suitable for this course.

Ophthalmia Neonatorum

There was no case of this disease notified during the year.

Register of Blind and Partially Sighted

At the end of the year there were 105 registered blind persons and 36 partially-sighted persons residing within the City. Table 26 shows the numbers on both registers at the beginning of the year, those removed therefrom by death, change of residence, etc. those added by ascertainment and immigration, and the numbers on the registers at the end of the year.

TABLE 26.

			Blind		Partially Sighted	
			M.	F.	M.	F.
On Register at 31st December, 1965	...	...	38	67	17	15
Removed from Register during year	...	...	7	9	4	4
Admitted to Register during year	...	...	8	8	3	9
On Register at 31st December, 1966	...	...	39	66	16	20

The distribution of cases on the Register at 31st December, 1966, by age and sex is shown in Table 27 and the occupations of those aged 16 years and over is shown in Table 28.

TABLE 27.

Age Group	Blind		Partially Sighted	
	M.	F.	M	F.
0 — 4	—	—	1	—
5 — 10	1	1	1	—
11 — 15	—	—	—	2
16 — 20	—	—	—	—
21 — 29	2	2	3	—
30 — 39	3	3	1	—
40 — 49	3	3	2	—
50 — 59	4	10	—	1
60 — 64	6	7	1	2
65 — 69	3	6	2	3
70 — 79	10	15	1	5
80 — 84	4	8	1	6
85 — 89	2	4	2	1
90 and over	1	7	1	—
Age unknown	—	—	—	—
	39	66	16	20

TABLE 28.

	M.	F.
16 years and upwards		
Employed—In Workshops for the Blind ...	7	2
Elsewhere ...	3	2
Not Employed—Not available for work 16-59 ...	—	14
Not available for work 60-64 ...	1	4
Not capable of work 16-59 ...	2	1
Not capable of work 60-64 ...	3	2
Not working 65 and over ...	20	40
Already trained for sheltered employment	2	—
	38	65

Sheltered Employment

The operation of the Carlisle Workshops is the responsibility of a Joint Sub-Committee consisting of 6 members of Cumberland County Council and 4 members of Carlisle City Council. The County Clerk and County Medical Officers are Clerk and Executive Officer while the City Treasurer is Financial Officer to the Joint Sub-Committee. The City Engineer and Surveyor carries out maintenance work for the buildings on behalf of the Joint Sub-Committee.

Table 29 shows the number of City Blind and Partially-sighted persons in the Petteril Bank Workshops at 31st December, 1966.

TABLE 29.

	Blind				Partially Sighted			
	Employed		Undergoing Training		Employed		Undergoing Training	
	M	F	M	F	M	F	M	F
Brush Makers ...	1	—	—	—	—	—	—	—
Mattress Making ...	5	2	—	—	—	—	—	—
Basket Making ...	1	—	—	—	—	—	—	—
	7	2	—	—	—	—	—	—

WELFARE OF THE DEAF

There were 56 registered deaf persons in the City at 31st December, 1966, and in Table 30 is set forth their distribution by age and sex.

TABLE 30.

	Without Speech		With Speech	
	M.	F.	M.	F.
Children under 16 years	1	—	2	—
Persons aged 16-64 years	17	14	3	9
Persons aged 65 years and over	4	4	—	2

The Carlisle Diocesan Association for the Deaf continued to act as the City's agents in respect of persons suffering from this handicap. The Mission is based in central premises in Carlisle which in addition to providing office accommodation and a meeting place for the deaf, houses the local Hard of Hearing Club.

OTHER HANDICAPPED PERSONS

At the end of the year there were 143 persons registered under the Council's scheme for Other Handicapped Persons.

Table 31 shows the number on the Register at 31st December, 1966, by age and sex. It should be noted that registration is voluntary and the table does not therefore cover all handicapped in the City.

TABLE 31.

	M.	F.
Children under 16 years	3	—
Person aged 16-64 years	65	60
Person aged 65 years and over	6	9
Of the persons registered—		
10 are suffering from cerebral palsy		
12 are epileptics		
9 are victims of poliomyelitis, and		
18 are suffering from multiple sclerosis		

The Handicapped Persons' Club continues to fill a great need in the lives of severely handicapped persons and during the summer outings were arranged. We are indebted to many people who have come to the Club at the request of our Welfare Assistant, to entertain the members. Particular mention should be made of the help given by the Fire and Ambulance Service both in their official duties and as volunteer helpers in their own time. Financial assistance was given to 5 handicapped persons to provide various adaptations in their houses.

Occupational therapy and handicraft classes were continued throughout the year, the former service being provided in conjunction with the East Cumberland Hospital Management Committee on an agency basis.

Sheltered Employment and Training

Two sighted handicapped persons were employed in the Cumberland and Carlisle Workshops for the Blind throughout the year, one as a basket maker and the other in the bedding department. The young woman who suffers from cerebral palsy with athetosis and had been an employee at the Workshops since December, 1955, left on 21st October, 1966, on being admitted to the Spastics Society Birmingham Sheltered Workshops.

Two sighted handicapped persons were admitted to the Workshops during the year as Trainees. One left of his own accord, the other, a lady, is still undergoing training in the bedding department.

Epileptics

12 epileptics were registered as handicapped persons in the City and 3 attended the Club for Handicapped Persons. A further epileptic was known to the department. No major social problems arose during the year.

One young man attends the Training Centre for Subnormals, and another young man is employed in the Workshops for the Blind.

Spastics

10 adults were registered with the Local Authority under the Scheme for Other Handicapped Persons and 1 of these received occupational therapy.

The City Council allows free use of the Public Baths on Friday and Saturday evenings to the Infantile Paralysis Fellowship and this body welcomes spastics to its sessions.

One of the registered adults, a lady of 26 years, is employed in open industry. A young woman who is a registered handicapped person, was admitted on the 14th November, 1966, to Scalesceugh Home, an establishment administered by the Cumberland, Westmorland and Furness Spastics Society. This Authority now has two young adults in this Home.

REGISTRATION OF HOMES

There are 4 Homes for the aged registered under Section 37 of the National Assistance Act, 1948, whose main function is the reception of the aged. These Homes were regularly visited during the year. One of these Homes, St. Joseph's run by the Little Sisters of the poor, accommodates 90 aged persons. The building is substantial though the residents are accommodated in dormitories rather than rooms.

ACTION UNDER SECTION 48— TEMPORARY PROTECTION OF MOVEABLE PROPERTY

Steps were taken to safeguard the property of a lady who was compulsorily removed under S.51 of the Act.

ACTION UNDER SECTION 50— BURIAL OR CREMATION OF THE DEAD

The City Council arranged for the burial of the body of one person who had died and in respect of whom no suitable arrangement for the disposal of the body had been made.

GENERAL

Local voluntary bodies continued to play a vital role in the welfare of the aged and handicapped and the co-operation between such bodies and the City Council continues to be excellent. Financial assistance has continued to be given to these organisations to enable them to carry on their work.

The Carlisle Old People's Welfare Council

The City Council has again been represented on the Executive Committee of this body.

One new club, Curruck Vale Club, was formed during the year and the Etterby Derby and Joan Club was disbanded. The total number remains 26 with a membership in the region of 2,400. A number of visits and holidays have been arranged for Club members through the Agency of the Old People's Welfare Council.

The Carlisle Council of Social Service

The Corporation continued its grant to and representations on the Executive Committee of this Council. The Citizen's Advice Bureau provided by this Council and located in Old Town Hall dealt with 2,326 enquiries during the year.

The W.R.V.S. (Carlisle County Borough Branch)

The W.R.V.S. carries out much voluntary work for the citizens. From the Council's point of view their work in connection with "Meals on Wheels" and the Old People's Dining Club is most important, though one must not forget the valuable assistance given at clinics, etc.

Infantile Paralysis Fellowship

This body still flourishes and the City Council has again allowed the local branch the full use of the Corporation swimming baths free of charge. The bath sessions are very well attended.

SECTION VII.

ANNUAL REPORT OF THE
CHIEF PUBLIC HEALTH
INSPECTOR

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

E. BOADEN, A.M.I.P.H.

Because of its geographical isolation Carlisle, so far, has escaped the industrial encompassment which irretrievably engulfs a great many of our northern cities. Consequently, it enjoys not only proximity with but also ease of access to extensive areas of great natural beauty.

It is not, however, open to everyone, no matter how compelling the urge, to be able to indulge in therapeutic excursions into the countryside or even take advantage of the relaxation offered by the amenities within the town itself. There are the old and infirm, the sick and others whom circumstances confine within an area not far distant from their homes. They must seek their pleasures both physical and visual within the immediate surrounds of where they live.

Carlisle like many towns has its run-down residential districts. Areas of drab and monotonous streets in which many of the houses, although not slums, have not kept pace with the demand for higher standards and an altered way of life induced by a general rise in the national income. There is a growing discrepancy, here as elsewhere, between this century's demands and last century's provision in the matter of housing standards. A difference of ideas that will not be resolved solely with the provision of internal comforts and convenience but also calls for some imaginative treatment of the environment.

There are substantial arguments in support of a general uplift in the town's 'image' and it is difficult to see how this can be achieved so long as these depressing areas of housing remain unchanged. Both in fairness to those forced to spend most of their time in such surroundings and as a matter of community responsibility, some of our resources might profitably be employed to this end.

In the full appreciation of this and the many other problems confronting them the Health (Housing) Sub Committee met in April of this year, when it was decided to initiate, as a pilot scheme, an investigation of a certain area of Denton Holme in order that it could be considered in greater depth at a future meeting in the light of plans and proposals to be prepared by the officers concerned.

If such a scheme is to succeed, it must essentially be one of co-operation between the property owners and the local authority as their interests have much in common. The property owner faces a declining situation over which he has very little control. The local authority is also the unwilling witness of a degeneration which they alone cannot arrest. With improvement by the owners to those houses it is considered worthwhile to retain and by the removal of those for which no future can be seen, sufficient scope should be provided to enable considerable improvement to be effected to the environment by a planned alteration to the lay-out of the area and landscaping by the Council of the sites made vacant by demolition. Successfully accomplished there is every reason to expect that the residential desirability of the area will to a great extent be restored

Progress towards the completion of the current five-year slum clearance programme has been made by the representation during the year of 234 unfit dwelling houses, 124 of which are contained in the St. Nicholas Nos. 1-5 Clearance Areas. There now remain just over 200 houses in the present schedule of unfit dwellings still to be dealt with and this should largely be completed during 1967-68.

So much for what has been done during the year under review. It may also be of interest to consider briefly what has been achieved to date. Since the early 1930's when slum clearance began to be tackled really seriously more than 1,500 houses have been demolished and a further 650 dwellings, initially put out of use for human habitation, either adapted to other purposes or subsequently demolished. Some 180 parts of houses have been closed and about 800 houses made fit according to the standards of the day. Past achievements, however, are rarely of more than statistical interest, what is much more important is that which is to be done in the future. Unfortunately, however, housing achievement never quite keeps pace with declaration of intention and this perhaps might be better understood if it is remembered that interests on both sides must be protected to the full. There is the pressing and indisputable need to secure for everyone the opportunity to acquire housing of a standard acceptable to the present generation and given resources, unlimited both financially and in powers of compulsion, most local authorities could bring about remarkable changes in a relatively short space of time. Local authorities unfortunately have not limitless finances and quite properly are not given unlimited powers of compulsion. Owners of

property are entitled to equal consideration and must be afforded every opportunity to explore ways and means of preserving their holdings even to the point where sentimental attachment outweighs hard practical costing. It is therefore to some extent a compromise solution in which justice must be done to both sides. Housing is not an abstract exercise for it involves human beings who suffer gains and losses in equal proportion. In fact, until the end of the last war, the reactionists, if anything, had it over the progressives as the reluctance to accept the need for change was by no means restricted to the owner-class. It is only during the last twenty or so years that tenants have made really urgent demands for improved housing, perhaps because of their greater ability to afford better accommodation, while owners for their part have become more ready to accept the fact that property does wear out, again possibly due to the decreased profitability of house ownership for letting. This dual change of attitude has been gathering momentum ever since the war and no doubt will continue to do so as our standard of living continues to improve and as the impact of legislation, intended to widen the attack on our sub-standard houses, extends to include not only the demolition of the totally unfit house but also the compulsory improvement of the sound but lacking-in-modern-amenities type of dwelling.

Clearly the future holds housing problems that will not be resolved in the lifetime of any one generation, for the constant and highly desirable general rise in standards of living for which we quite properly strive will always be reflected in a growing pressure for more and better houses and environments. This generation's standards may well be questioned by their children as they grow to maturity and perhaps totally rejected in turn by their grandchildren.

As a natural consequence to any contemplation of environmental improvement comes the question of atmospheric pollution and the extent to which it is harmful to man, physically, economically or merely in terms of nuisance value. The most significant air pollutants likely to interfere with health and comfort are the products of combustion. It would appear that we are not yet prepared to keep ourselves reasonably warm or transport ourselves from place to place without half choking ourselves in the process.

It would be unwise to be fanatical on the one hand or complacent on the other on the question of atmospheric pollution, and what requires to be determined is whether the degree of pollution is significant and, if so, would the expense involved in its reduction be justified.

The Department of Scientific and Industrial Research has established that small towns can be as dirty as large ones and that the residents may well be exposed to smoke concentrations as high or higher than those found in large towns. Smoke concentration at any point is a more local matter than had been previously thought and depends mainly on density of population and the coal consumption in a relatively small surrounding area.

While it is difficult to prove that air contaminants have a detrimental effect on health either in the short or long-term, particularly in view of the many other influential factors, it can fairly safely be assumed that their presence will not be beneficial. They must, by virtue of their irritant nature, have some adverse effect and while this may be of no great significance to the robust healthy person it cannot but be noxious to those with chronic chest complaints. Air pollution also reduces the intensity of natural light, an important physical and psychological health factor to those living in a climate where sunshine is normally in short supply.

Among the many economic losses that may be attributed to air pollution are those arising from direct medical costs, loss of income and productivity due to absenteeism from work, increased transport costs due to reduced visibility, increased need for artificial illumination, repair of damage to buildings and other structures, increased cleaning costs, damage to crops and other vegetation, losses in animal husbandry.

These are some of the hidden costs which sooner or later are reflected in the price we pay for goods and service, and as it is immaterial whether the cause is local or distant, an interest in national smoke control policy should thereby be stimulated. Generalised, factual information such as the Beaver Committee's estimate of £250m. as the annual cost of pollution to the nation is an example.

What is perhaps of more immediate and personal interest are local conditions which can best be expressed and felt in the amenity and related losses that are suffered. This is a subjective assessment that any one of us can make from personal experiences here in Carlisle compared with other places we have visited or in which we have resided. I would suggest that any problem in air pollution we might experience locally stems almost entirely from the domestic chimney. The commercial centre of the City has long been converted to the convenience of instant heat; the cost-conscious industrialists have their smoke emissions well under control, while

there are many domestic users who already have voluntarily gone "smokeless". We might, therefore, with some justification, now look to the so-called "traditionists" for a more enlightened attitude towards the common good.

To continue this resumé in terms of more general interest is immediately to think of consumer protection for are we not all consumers be it from water to whisky or canned beans to caviare.

Food is more than just something essential to survival. Properly prepared in the almost limitless variety of presentation of which human ingenuity is capable, it forms the basis for some of our most pleasurable social occasions.

How often, however, do most of us give more than a passing thought to the complex sequences of production, manufacture, storage, distribution and sale through which our food passes and its vulnerability to contamination at any of these stages on its journey to our tables.

It would be most satisfying to those whose concern is with standards of hygiene in food handling if this ephemeral interest of the public could be ascribed to an absolute confidence in the manner in which their food was produced, but this is known to be otherwise. Expressed criticism rarely takes the form of hard factual evidence of mishandling but rather as an accumulation of rumour, hearsay or suspicion of a nebulous character, and this is something which the food industry should be at some pains to dispel for it is insidious in its effect and stigmatises innocent and guilty alike. To some extent the industry has brought this upon itself in its neglect to train staff efficiently, and this is particularly evident on the retail side where contact and consequently personal relations with the public is formed.

It is the duty of management not only to educate itself but also to instruct and interest staff in safe food handling and above all to see that the acquired knowledge is put into constant practice.

Food hygiene in theory and practice attaches considerable importance to adequacy of premises and suitability of equipment both of which are fundamental to efficiency and when properly exploited can give an added bonus in improved hygiene. This in turn reduces the likelihood of bacterial spoilage, an important economic consideration and in so doing further limits the opportunity for the introduction of pathogenic organisms an important health factor. This, however, is by no means the complete solution to the problem for while spaciousness and mechanisation reduce the need for personal intervention, the human hand still plays a very great part in food production both commercially and in the home.

Clean hands activated by an intelligent mind, even in this era of automation are still the most versatile and efficient instruments of manipulation yet developed.

In all fairness it should be accepted that the vast majority of manufacturers and traders exhibit a high degree of probity in their

dealings with the public but as in any barrel there may sometimes be found a rotten apple so, to the minority who imperil the public health or seek to cheat the public pocket through ignorance, carelessness, stupidity or greed, is directed legislative enforcement.

Safety to the consumer or user is the primary consideration and should be an inherent and indisputable condition of production. Applied to foodstuffs it means the avoidance of both initial bacterial contamination and the development of possibly dangerous pathogenic bacterial growth; the exclusion of toxic or other potentially lethal or debilitating factors which in this day and age could include antibiotics, residual pesticides and radio-activity. Considerations of safety are also extended to many articles in common use in the home apart from foodstuffs and standards are prescribed for, among other things, the flammability of children's nightdresses safety factors, in oil heaters and stability of carry-cot stands.

In the minds of most people purity would rank high as a desirable factor in food. But purity in the sense that nothing is added, nothing abstracted and no treatment undertaken so as to alter the state of the food is rarely met with nowadays. Purity is a relative term when applied to foodstuffs and it is recognised that a certain amount of "adaptation" is required if its manufacture and distribution, in all its complexity, is to remain commercially feasible.

In the matter of food additives in this context, the public has very little means of assessing the merits or in fact the dangers associated with their use and must rely on the cumulative knowledge from the intensive world-wide scientific investigation which is the seminary from which our protective legislation emerges.

There is then the question of dissemblance. This may arise from any form of misrepresentation calculated to deceive and could well include extravagant claims direct or implied to merits which are either non-existent or present only to an insignificant degree. The sheer inanity of some of the advertising media with which we are constantly bombarded and much of which is nothing more than an intellectual insult, would suggest that there exists a fair ratio of the extremely naïve or hopelessly gullible among the purchasing public.

It is virtually impossible to provide complete protection by legislation and in certain matters or in circumstances unavailable to the "official guardians" the public themselves may be the best or indeed the only controlling factor. The personal decision whether to bestow or withhold custom remains a most powerful weapon. With this knowledge continually in mind any purchaser by exhibiting judgement and discrimination and expressing not only his personal disapproval but also appreciation where it is merited is in a strong position to secure whatever standard either in hygiene or service he feels essential to his requirements.

Implementation of the Meat Inspection Regulations continues to impose a heavy burden on the department. The establishment of meat inspectors has been fixed at a level which bears the best

economic relationship to the number of animals slaughtered. In theory this would appear to be admirable practice but the inconstant nature of the wholesale meat trade creates problems of inspection and hygiene supervision of considerable difficulty, necessitating frequent support from the public health inspectorate. Again in theory this would appear to be the utilisation of manpower to the best advantage and would be wholly acceptable but for the shortage of public health inspectors.

During the first half of the year before the man-power problem erupted, some satisfying inroads were made into the residue of work resulting from the introduction of the Offices, Shops and Railway Premises Act of 1963 which is being dealt with systematically as other commitments allow.

In this investigation into the extent to which the working environment is suitable to the work being carried out, sufficiency of light, thermal comfort, safety and first aid provisions are adequately covered. In some circumstances difficulty is being experienced in securing proper ventilation without so increasing the noise level as to interfere with the concentration and consequent efficiency of the worker. Perhaps less attention is given to the suitability of working posture which is considerably influenced by correct seating, desk and bench heights and space surrounding machines and their controls. In this latter context one's mind switches to another hive of industry, the home, and one wonders to what point of physical exhaustion and mental frustration the housewife is reduced by incorrect sink, bench, ironing board and cupboard heights, and the dangers of burning and scalding due to congestion and inadequately sited household equipment. These are matters of common knowledge to the public health inspector but they are largely inadmissible as evidence when arguing the fitness or otherwise of a dwelling for human habitation.

Being the largest urban concentration in the County, Carlisle is the natural focal point for shoppers and draws from a fairly extensive catchment area. There comes a point, however, where the choice in terms of distance offers alternatives and it is then that facilities for car-parking and the provision of amenities of a more personal nature may become influencing factors. These are also matters of considerable importance to day visitors, holiday makers and others who may be attracted to the City by reason of its proximity to Lakeland.

In this connection I would like to see the formation of many large permanent car-parks with their associated toilet facilities as I would also welcome that stage of progress in the Central Development Scheme that would permit the erection of a modern toilet block in substitution for the outworn and obsolete toilets which are now being maintained with considerable difficulty on the island site in English Street.

While the Health Committee have approved a scheme of progressive improvement to many of the outlying public toilets there would appear to be a bottleneck somewhere as very little progress has been made on this project.

INSPECTION OF THE DISTRICT

Number and Nature of Inspections

During the year 1966 the following inspections were made by the Public Health Inspectors to the Premises detailed:—

PUBLIC HEALTH ACT, 1936.	Visits
DWELLING HOUSES—Re housing defects	489
" " Other visits	443

Visits to ALL PREMISES for purposes of:—

Sec.	
23	Maintenance of Public Sewers 115
39	Provisions as to drainage, etc., of existing buildings 653
40	Provisions as to soilpipes and ventilation shafts —
44	Sanitary accommodation insufficient or requiring reconstruction 9
45	Buildings having defective closets, capable of repair 33
46	Sanitary conveniences in workplaces, etc. —
51	Care of closets by occupiers —
52	Care of sanitary conveniences used in common 3
55	Means of access to houses for removal of refuse, etc. 10
56	Paving and drainage of yards and passages 9
58	Dangerous building 18
79	Mandatory removal of accumulations of noxious matter 6
80	Removal of manure, etc. —
83	Cleansing of filthy or verminous premises 23
84	Cleansing or destruction of filthy or verminous articles —
89	Sanitary conveniences at inns, etc., and places of public entertainment 48
92a	Premises in such a condition as to be prejudicial to health or a nuisance 258
92b	Animals kept in such a manner as to be prejudicial to health or a nuisance 32
92c	Accumulation or deposit prejudicial to health or a nuisance 168
92d	Dust or effluvia caused by trade or business, etc. 9
92e	Overcrowded and ill-ventilated workplaces —
108	Bye-laws—Fish Frying 16
	" Offensive trades 6
138	Provision of water supplies 54
154	Prohibition or sales by rag dealers —
240	Bye-laws—Common Lodging Houses 30
259	Nuisances—Watercourses, etc. 93
268	" Tents, vans, sheds, etc. 4
269	Regulating moveable dwellings 32

PUBLIC HEALTH ACT, 1961.

Sec.	
17	Summary power to remedy choked drains 20
26	Emergency powers to deal with Defective Premises —
27	Emergency powers to deal with Derelict Buildings —
34	Emergency powers to deal with Accumulations of Rubbish —
74	Nuisance from Pigeons 11
77	Hairdressing—Byelaws 9

INFECTIOUS DISEASE.

Investigating infectious disease	190
Investigating food poisoning	6

CLEAN AIR ACT, 1956.							
Smoke abatement observations	...	...	...	...	...	...	228
Premises, furnaces, equipment, etc., visited	...	...	...	...	...	...	364
FOOD AND DRUGS ACT, 1955, etc.							
Total visits re Food Hygiene Regulations	...	...	...	...	...	...	575
Total visits re Milk and Dairies Regulations	...	...	...	...	...	...	312
Private Slaughterhouses and bacon factory	...	...	...	...	...	...	144
Sampling—For bacteriological examinations	...	...	...	...	...	...	23
Sampling—For analysis	...	...	...	...	...	...	104
Visits as a result of food complaints	...	...	...	...	...	...	49
MEAT AND FOOD INSPECTION.							
At Shops, etc.	...	...	...	...	...	...	185
At Slaughterhouses	...	...	...	...	...	...	249
At Bacon Factory	...	...	...	...	...	...	110
At Poultry Packing Station	...	...	...	...	...	...	41
HOUSING AND SLUM CLEARANCE							
HOUSING ACT, 1957.							
Sec.							
4	re Standard of fitness	...	...	...	...	...	712
9-10-16	„ Repair and reconstruction of unfit houses	...	...	...	...	...	99
17	„ Demolition and closure of unfit houses	...	...	...	...	...	156
18	„ Closing of parts of buildings	...	...	...	...	...	4
81	„ Entry of “Permitted No.” in Rent Books	...	...	...	...	...	—
Part 3	„ Clearance and re-development areas	...	...	...	...	...	27
Part 4	„ Abatement of overcrowding	...	...	...	...	...	27
Part 4	„ Permitted numbers	...	...	...	...	...	12
HOUSING ACTS, 1949—64.							
	re Improvement grants	...	...	...	...	...	51
HOUSING ACTS, 1961—64.							
	re Houses in multiple occupation	...	...	...	...	...	193
LANDLORD AND TENANT ACT, 1962							6
RENT ACT, 1957.							
	re Certificate of Disrepair	...	...	...	...	...	2
CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960							115
NOISE ABATEMENT ACT, 1961							34
LAND CHARGES ACT, 1925							
	Inspections re Search Forms	...	...	...	...	...	120
	No. of Search Forms completed	...	...	...	...	...	1328
FACTORIES ACT, 1961.							
Sec.							
7	Factories with mechanical power	...	...	...	...	...	106
1, 2, 3, 4, 6, 7	Factories without mechanical power	...	...	...	...	...	3
7	Other premises, sites of buildings and engineering works	...	...	...	...	...	20
113	re Outworkers	...	...	...	...	...	—
SHOPS ACT, 1950.							
	re Hours, Sunday Trading, Young Persons, etc.	...	...	...	...	...	52
	re Welfare Provisions	...	...	...	...	...	3
OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963							762
PREVENTION OF DAMAGE BY PESTS ACT, 1949.							
	Local Authority properties	...	...	...	...	...	53
	Dwelling Houses	...	...	...	...	...	39
	All other, including business premises	...	...	...	...	...	137
	Agricultural properties	...	...	...	...	...	2

INSECT PEST CONTROL.									Visits
Dwelling houses	...	...	...	...	...	...	...	...	19
Other premises	...	...	...	...	...	...	...	...	57
DISEASES OF ANIMALS ACT									—
DRAINAGE INSPECTION AND VISITS.									
Drains opened out for inspection	...	...	...	...	...	...	...	...	15
Water, colour and other tests	...	...	...	...	...	...	...	...	54
OTHER INSPECTIONS AND VISITS.									
Non-industrial premises, offices, etc.	...	...	...	...	...	...	...	...	10
Schools	...	...	...	...	...	...	...	...	—
Public conveniences, etc.	...	...	...	...	...	...	...	...	7
Swimming baths and pools	...	...	...	...	...	...	...	...	17
Refuse Tips, Salvage Depots, etc.	...	...	...	...	...	...	...	...	22
re Fertilisers and Feeding Stuffs Act, 1926	...	...	...	...	...	...	...	...	19
„ Agric. Produce, grading and marking	...	...	...	...	...	...	...	...	—
„ Pharmacy and Poisons Act, 1933	...	...	...	...	...	...	...	...	5
„ Merchandise Marks Act, 1926	...	...	...	...	...	...	...	...	15
„ Rag Flock and Other Filling Materials Act, 1951	...	...	...	...	...	...	...	...	11
„ Pet Animals Act, 1951	...	...	...	...	...	...	...	...	7
„ Agriculture (Safety, Health & Welfare Provisions) Act, 1956	...	...	...	...	...	...	...	...	3
Miscellaneous	...	...	...	...	...	...	...	...	595
Interviews	...	...	...	...	...	...	...	...	869
Agricultural Show Ground	...	...	...	...	...	...	...	...	11
Long Stay Immigrants	...	...	...	...	...	...	...	...	18

List of Contraventions and Works Executed

PUBLIC HEALTH ACT, 1936.						Defects	
Sec.						Found	Abated
23	Maintenance and cleansing of certain public sewers					6	4
24	Recovery of cost of maintaining sewers	...	...			1	—
39	Drainage, etc., of existing buildings	..	...	...		43	37
44	Buildings having insufficient closet accommodation					—	—
	or closets so defective as to require reconstruction						
45	Buildings having defective closets, capable of repair					12	9
46	Provision of sanitary conveniences in workplaces					—	—
55	Means of access to houses for removal of refuse, etc.					3	1
56	Paving and drainage of yards and passages	...				—	—
76	Deposits of refuse	...	...	...	...	1	1
92a	Premises in such a state as to be prejudicial to health or a nuisance	...	...	...	...	55	44
92b	Animals kept in such a place or manner as to be prejudicial to health or a nuisance	...	...			2	1
92c	Accumulation or Deposit prejudicial to health or a nuisance	...	...	...	...	24	23
92d	Dust or effluvia prejudicial to health or a nuisance					—	—
92e	Overcrowded or ill-ventilated workplaces	...	...			—	—
138	Provision of water supplies	...	...	...	...	—	—
238	Registration of common lodging house and keeper					—	—
259	Nuisances in connection with watercourses, ditches, ponds, etc.	...	...	...	...	4	4
268	Regulation of tents, vans and sheds	...	...	...		—	—
269	Regulation of moveable dwellings	...	...	...		—	—

PUBLIC HEALTH ACT, 1961.

Sec.		Defects	
		Found	Abated
17	Summary power to remedy stopped-up drains ...	18	14
25	Emergency Power to deal with dangerous buildings	—	—
35	Filthy or verminous premises	—	—
77	Hairdressers Byelaws	1	3
		—	—
		19	17
		—	—

SHOPS ACT, 1950.

Sec.			
2	Closing of shops after general closing hours ...	—	—
19	Meal times to be allowed	—	1
22	Offences regarding Sunday employment of staff ...	—	—
37	Seats for female shopworkers to be provided ...	—	1
38 (1a)	Suitable and sufficient ventilation	—	1
38 (1b)	Provision and maintenance of suitable and sufficient temperature	—	—
38 (2)	Provision of sanitary conveniences	—	1
38 (3)	Provision of suitable lighting	—	—
38 (4)	Provision of suitable washing facilities ...	—	1
38 (5)	Provision of facilities for taking meals ...	—	—
47	Closing of shop on Sunday	—	—
		—	—
		—	5
		—	—

FACTORIES ACT, 1961.

Sec.			
1	Cleansing	—	—
7	Sanitary Accommodation :		
	Insufficient provided	—	—
	Maintenance	1	1
	Cleanliness	2	1
	Adequate lighting	8	4
	Ventilation and I.V.S.	6	—
	Privacy—Door, screening, etc.	3	—
	Access	—	—
	Separate	6	—
	Notices indicating sanitary accommodation ...	3	—
	Screen approach	—	—
	Contraventions on building & engineering sites	—	—
		—	—
		29	6
		—	—

CLEAN AIR ACT, 1956.

Sec.	Defects	
	Found	Abated
11 Emission of dark smoke from chimneys	6	17
5 Grit and dust	1	—
16 Smoke nuisances	2	2

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Sec.		
4 Notice requiring execution of works	13	11

NOISE ABATEMENT ACT, 1960	2	1
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CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960	12	13
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HOUSING ACTS, 1961—64.

Houses in Multiple Occupation	96	4
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LANDLORD AND TENANT ACT, 1962	1	—
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MERCHANDISE MARKS ACT, 1926	1	3
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OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Sec.	Defects	
	Found	Abated
4 Cleanliness of premises, furniture and fittings ...	1	14
5 Overcrowding of premises or rooms	1	7
6 Maintenance of reasonable temperature	37	64
7 Provision of adequate ventilation	12	20
8 Provision of adequate lighting	7	15
9 Provision of sufficient sanitary conveniences ...	64	74
10 Provision of washing facilities	44	57
11 Provision of drinking water	1	1
12 Provision of accommodation for clothing	2	—
13 Provision of sitting facilities (general)	1	2
14 Provision of suitable seats for sedentary work ...	—	2
15 Provision of facilities for taking meals	1	1
16 Maintenance and safety of floors, passages and stairs	11	33
17 Fencing of exposed parts of machinery	1	2
18 Avoidance of exposure of young persons to danger in cleaning machinery	—	—
19 Training and supervision of persons working dan- gerous machines	—	—
23 Prohibition of heavy work	—	—
24 Provision of First Aid facilities	22	47
27 Dangerous acts of interference with equipment, etc.	—	—
49 Notification of employment of persons	—	3
50 Information to be provided for employees	44	23
	—	—
	249	263
	—	—

Table 32 shows the Registrations and General Inspections during the year ended 31st December, 1966.

TABLE 32.

Class of Premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving general inspection during the year
(1)	(2)	(3)	(4)
Offices	18	302	97
Retail Shops	35	597	177
Wholesale shops, warehouses	—	71	22
Catering establishments open to the public, canteens	2	31	49
Fuel storage depots	—	3	—
Total	55	1004	345

Number of visits of all kinds by Inspectors to registered premises 1231

Table 33 is the Analysis of Persons employed in registered premises by workplace :—

TABLE 33.

Class of Workplace	Number of persons employed
Offices	3042
Retail Shops	3637
Wholesale departments, warehouses	717
Catering establishments open to the public	409
Canteens	34
Fuel storage depots	35
Total	7874
Total males ...	3395
Total females ...	4479

During the year there were no applications for exemptions under the Act and no prosecutions were undertaken.

Table 34 shows the number of Inspectors and other staff employed under the Act.

TABLE 34.

No. of Inspectors appointed under Section 52(1) or (5) of the Act	5
No. of other staff employed for most of their time on work in connection with the Act	2
	(Part-time)

Accidents

Thirty-four accidents were reported in the period ending December 31st. All were of a minor nature and no fatalities or loss of limb were recorded.

TABLE 35.
SUMMARY OF COMPLAINTS, CONTRAVENTIONS & NOTICES SERVED

	Complaints and Inform-ation Received	CONTRAVENTIONS		NOTICES		STAT. NOTICES	
		Found	Abated	Served	Abated	Served	Abated
Public Health	367	167	140	137	118	19	14
Food and Drugs Unsound Food ...	118	—	—	—	—	—	—
Food and Drugs	50	497	519	167	151	—	—
Shops	5	—	2	—	5	—	—
Factories	—	42	5	24	6	—	—
Housing	17	76	4	34	2	—	—
Rodent Control	285	16	11	16	11	—	—
Clean Air	10	13	12	13	12	—	—
Rent Act	—	—	—	—	—	—	—
Milk and Dairies (General) Regs.	9	—	—	—	—	—	—
Noise Abatement	9	—	—	—	—	—	—
Caravan Sites and Control of Development	14	13	12	13	12	—	—
Offices, Shops and Railway Premises	5	250	363	95	137	—	—
Merchandise Marks	—	—	—	—	—	—	—

HOUSING AND SLUM CLEARANCE

During the year 234 houses were represented as being unfit for human habitation, 124 being within Clearance Areas and 110 individual unfit houses elsewhere.

At the end of the year the number of houses on the current slum clearance programme still to be represented was 215, while action had been completed and displacement to alternative living accommodation was awaited in respect of 21 houses and action was proceeding in respect of a further 191 houses.

Programme Proposals

With the representation of the St. Nicholas Clearance Areas, and four pockets of unfit houses dealt with under Part 2 of the Housing Act, 1957, there remained within the City only one large area containing a high percentage of unfit houses, that area being situate in and adjoining Charlotte Street and Milbourne Crescent. This area was referred to in my Annual Report for 1964, when views of the owners were sought regarding the possible reconditioning of the properties to provide a smaller number of fit and improved dwellings. The response to this enquiry was disappointing, though, despite cautionary advice, one owner continued work of converting two pairs of back-to-back houses into two fit and improved houses in accordance with plans approved as long ago as 1956. Enquiries concerning the area were pursued but consideration had to be deferred pending decisions on the planning aspects and the probable position of new roads.

Inspection surveys were continued throughout the year to estimate the total slum clearance, repair and improvement problem in selected areas. The remaining unfit houses are to be found in small groups or as individual unfit properties scattered irregularly throughout the older sections of the City.

Large sections of these "twilight areas" were built not in rows but in blocks, with many common yards, frequent congestion and bad arrangement, particularly at street corners, and with secondary access either non-existent or limited to narrow passages. Unfit houses are to be found interspersed with reasonably well preserved houses having standard amenities or in which such amenities could be installed, and a varying proportion of sub-standard houses which because of excessive cost of repairs, restricted size, or otherwise, might be considered unsuitable for improvement.

In the absence of any official programme or plans for the future of these areas, houses not classified as being unfit have been eligible for improvement grant, and with the gradual change from tenancies to owner occupation many of the larger and generally self-contained houses have been improved and the standard of maintenance has generally been raised.

A report on these problems, together with outline plans of selected areas, was presented to a specially convened meeting of the Health (Housing) Sub Committee seeking that, in order to

arrest further decay of parts of these areas, a programme of improvement by revitalisation and urban renewal should run concurrently with the final clearing up of the known slum clearance programme.

As referred to in my opening remarks, it was decided at this meeting that a more detailed study be made of a pilot area situate in Denton Holme.

Summary of Action Taken under the Housing Act, 1957

HOUSES IN CLEARANCE AREAS

Represented during the year

Number of areas	...	...	...	...	...	...	...	5
Houses unfit for human habitation	...	...	...	...	...	...	...	124
Houses included by reason of bad arrangement, etc.	...	...	...	...	...	...	...	Nil
Houses on land acquired under Section 43(2)	...	...	...	...	...	...	...	Nil
Numbers to be displaced :—								
(a) persons	...	...	...	...	...	...	...	280
(b) families	...	...	...	...	...	...	...	125

Action taken during the year

Houses demolished, by local authority or owners								
(a) Unfit for human habitation	...	...	...	...	...	...	...	90
(b) Included by reason of bad arrangement	...	...	...	...	...	...	...	Nil
(c) On land acquired under Section 43(2)	...	...	...	...	...	...	...	5
Numbers displaced								
(a) persons	...	...	...	...	...	...	...	28
(b) families	...	...	...	...	...	...	...	13

UNFIT HOUSES ELSEWHERE

Represented during the year

Number of houses	110
------------------	-----	-----	-----	-----	-----	-----	-----	-----

Orders made in respect of 49 houses as follows :—

Undertakings accepted	...	...	...	...	...	...	...	9
Closing Orders — Section 17	...	...	...	...	...	...	...	6
Demolition orders	...	...	...	...	...	...	...	14
Closing Orders — Section 18	...	...	...	...	...	...	...	1
Local Authority owned houses certified unfit by the Medical Officer of Health								
	...	...	...	...	...	...	...	25

Houses closed or demolished

Number of houses closed	...	...	...	...	...	...	...	12
Parts of buildings closed — Section 18	...	...	...	...	...	...	...	1
Houses demolished following demolition orders	...	...	...	...	...	...	...	9
Houses demolished where previously closed	...	...	...	...	...	...	...	5
Local Authority houses demolished (certified unfit by M.O.H.)	...	...	...	...	...	...	...	22
Total demolished	...	...	...	...	...	...	...	36

Unfit houses made fit

Where closing orders determined	...	...	...	...	...	...	...	2
In accordance with undertakings	...	...	...	...	...	...	...	4

Numbers displaced

(a) persons	...	...	...	...	...	...	...	111
(b) families	...	...	...	...	...	...	...	41

Clearance Areas

Description of Areas	Action during the year
The Carlisle (South John Street Odd Nos.) Clearance Area, 1962, and the Carlisle (South John St. even Nos.) Clearance Area, 1962, incorporated in the Carlisle Housing (No. 1) Compulsory Purchase Order, 1963, comprising 11 occupied and 8 unoccupied houses.	One elderly male remains to be displaced.
The Carlisle (Solway Terrace) Clearance Area, 1963, incorporated in the Carlisle (No. 2) (Solway Terrace) Compulsory Purchase Order, 1963, comprising 94 houses, a house and shop and one workshop.	8 families comprising 15 persons were displaced into Council owned houses and 3 families comprising 7 persons moved into privately owned accommodation with the City, after which all the houses were demolished and the site cleared.
The Carlisle (Duke Street) Clearance Area, 1963, comprising 2 houses. Purchased by agreement.	None.
The Carlisle (Water Street) Clearance Area, 1963, incorporated in the Carlisle (No. 1) (Water Street) Compulsory Purchase Order, 1964, comprising 8 occupied and 5 unoccupied houses and 2 shops.	2 families comprising 7 persons were displaced into Council owned houses.
The Carlisle (St. Nicholas No. 1) Clearance Area, 1966, comprising 102 occupied houses, 3 unoccupied houses and one shop premises.	Represented.
The Carlisle (St. Nicholas No. 2) Clearance Area, 1966, comprising 2 houses.	Represented.
The Carlisle (St. Nicholas No. 3) Clearance Area, 1966, comprising 2 houses.	Represented.
The Carlisle (St. Nicholas No. 4) Clearance Area, 1966, comprising 12 houses.	Represented.
The Carlisle (St. Nicholas No. 5) Clearance Area, 1966, comprising 3 houses.	Represented.

INDIVIDUAL UNFIT HOUSES

110 houses, 85 in private ownership and 25 in the ownership of the Authority, were represented as being unfit for human habitation and not capable at reasonable expense of being rendered fit.

In some instances, Portland Place and Etterby Cottages, where it had not been possible by informal action to secure adequate maintenance or work to recondition and improve and where the owners had received planning consent to the redevelopment of the sites, it was deemed advisable to secure the speedy displacement of the occupants and the clearance of unsatisfactory dwellings.

In other cases, as in Charles Street and South Street, representation was made with a view to displacing the occupants of back-to-back and other small houses and thereafter securing the reconditioning of those houses into a smaller number of fit houses or, alternatively, the adaptation of the property to some approved change of use.

Where unfit houses have been made the subject of statutory orders or undertakings, displacement of the occupants has been undertaken by the Authority through the agency of the Housing Management Committee.

Demolition and Closure

Demolition Orders were made in respect of 14 houses and Closing Orders in respect of a further 6 houses. One Closing Order was made in respect of part of a building being a dwelling over business premises.

A total of 36 individual unfit houses were demolished, 9 following the making of Demolition Orders, 5 which had been the subject of Closing Orders, and 22 owned by the Authority and to which Certificates of Unfitness applied.

Undertakings Accepted

Undertakings entered into by owners—

1. To convert four back-to-back houses at Grey Street into two fit houses complete with bathrooms and to which it is expected garages will be added in accordance with approved plans;
2. to extensively repair and modernise a further house in Metcalfe Street; and
3. to add an unfit house in Blencowe Street to an adjoining sub-standard house in Collingwood Street so as to provide a larger fit house with modern amenities.

Certificates of Unfitness

A number of houses purchased by the Local Authority, in connection with proposed highways improvement or in areas to be redeveloped, were unfit for human habitation and included on the Slum Clearance programme. 25 of these houses were represented by the Medical Officer of Health, who also issued certificates detailing the reasons whereby they were not considered suitable for occupation, and resolutions were made that the houses be demolished. 22 houses were demolished in pursuance of such certificates.

Repair and Improvement of Houses

A further two back-to-back houses in Brook Street, the subject of Closing Orders, were converted into one fit house with modern amenities after which the Orders were determined. This is the fifth such house to be formed from unfit back-to-back houses and completes a scheme of preserving a terrace which might otherwise have degenerated entirely into a slum.

A similar scheme of preservation has been partially completed at Metcalfe Street where four fit and modernised houses have been formed in accordance with an approved scheme and an undertaking entered into by the owners.

By informal action a further four unfit back-to-back houses in Dalston Road have been converted and modernised.

These conversions have been carried out without grant aid and the completed houses sold with vacant possession for occupation by the new owners.

In connection with undertaking No. 3 referred to previously, the approved scheme relating to property at the corner of Collingwood Street and Blencowe Street included the provision of bathrooms and enlarged scullery kitchens of 5 small, kitchen and bedroom houses. The bathrooms, to contain bath, wash basin and W.C., are to be constructed over the existing scullery kitchens, existing fuel stores are to be added to the scullery kitchens which will have improved facilities and proper food stores, and essential works of repair and to remedy dampness are to be carried out. If successfully carried out this could prove a pilot scheme to blocks of similar character within the City.

Improvement with Grant Aid

Applications for grant aid are dealt with by the City Engineer and Surveyor to whom I am indebted for the information contained in Table 36. Despite national and local publicity, occasional local exhibitions and informal advice to owners and occupiers, the number of houses improved with grant aid fell from 76 in 1965 to 67 last year.

The Housing Act, 1964, empowered local authorities to declare areas where action can be taken to secure the compulsory improvement of tenanted houses within the areas to provide standard amenities. Suitable records were organised and a pilot area prepared for survey, but work had to be suspended because of difficulties in retaining adequate staff.

TABLE 36.
STANDARD GRANTS

	Owner/Occupiers Standard		Tenanted Standard	
	5 point	3 point	5 point	3 point
Number of applications received	49	Nil	9	Nil
" " " approved	48	Nil	9	Nil
" " " refused	1	Nil	Nil	Nil
Number of dwellings improved	56	Nil	2	Nil
Number of amenities provided—				
Fixed bath	50			
Shower	Nil			
Wash hand basin	51			
Hot water supply (to any fittings)	52			
Water closet				
(a) within dwelling ...	58			
(b) accessible from dwelling	Nil			
Food Store	56			

DISCRETIONARY GRANTS

	Owners/Occupiers	Tenanted
Number of applications received	4	Nil
" " " approved	4	Nil
" " " refused	Nil	Nil
Number of dwellings improved	5	4

HOUSES IN MULTIPLE OCCUPATION

Housing Acts, 1961, 1964, give local authorities wide powers to ensure that houses of this type are properly managed and where necessary they may place management orders on properties and serve notices on the managers who fail to maintain any house to a proper standard. The local authorities may also serve notices requiring the execution of works where it has been found that a property is deficient in any of the following matters :—

- (a) natural and artificial lighting,
- (b) ventilation,
- (c) water supply,
- (d) personal washing facilities,
- (e) drainage and sanitary conveniences,
- (f) facilities for the storage, preparation and cooking of food and for the disposal of waste water, and
- (g) installations for space heating.

It has been estimated that there are approximately 90 such houses in the City. As a result of inspections made 22 informal notices were sent to the managers of houses which are not up to the required standard. Some works have been carried out already and discussions have been held with owners to advise on improvements. A further visit will be made to all these premises after the managers have had a reasonable time within which to carry out the necessary works.

Where it is noted during an inspection that premises are not provided with adequate means of escape in case of fire, the Fire Officer is informed by this department to enable him to take such action as he considers necessary.

PUBLIC HEALTH ACT, 1936

Common Lodging Houses

There are within the City two registered common lodging houses.

One establishment operated by the Local Authority and under my supervision, had for many years been under-occupied, with resultant inefficiency and unnecessarily high running costs. During the year part of the accommodation was put to other use and the number of beds reduced from 89 to 51, with space available in the event of increased future demand. A second shower bath was installed to augment the existing baths and wash basins, drying facilities were improved, the keeper's living quarters improved and re-decorated, and a large coke fired hot plate replaced by one gas fired water heater, 2 grillers and 4 rings. The premises are centrally heated in winter, some of the accommodation consists of beds in separate cubicles, and there are large common and dining rooms in addition to the kitchen.

The second establishment, with accommodation for 22 lodgers, is operated by two joint keepers, voluntary workers associated with a charitable institution. The marked improvement in the conditions at this lodging house, upon which I reported the previous year, continued during the year, at the end of which I was able to recommend with confidence the continuation of the registration.

Bye-laws made under Section 240 of the Act are in operation with respect to common lodging houses within the City.

Regular visits are paid to bed and breakfast establishment and boarding houses accommodating single men, to secure maintenance of adequate conditions and to ensure that they do not degenerate into common lodging houses.

ATMOSPHERIC POLLUTION

Only 11 complaints relating to air pollution were recorded and investigated during the year. The complaints varied from excessive soot deposits in a residential area emitted from domestic chimneys, to the burning of rubbish on private land and smoke and grit nuisances from industrial chimneys.

The emission of grit from an industrial chimney was first reported in the last annual report and caused a considerable nuisance in an area within a quarter mile radius of the chimney. Samples of the grit were obtained and analysed and it was conclusively proved to be of industrial origin. Knowledge of the various types of furnaces in the area aided the department in determining the source of the pollution and representations were made to the firm concerned which resulted in expensive grit arresting equipment being installed between the furnaces and the chimney. There has been a considerable decrease in the amount of deposited matter since the installation and no further complaints have been received.

Smoke observation were again regularly carried out during the year and as a result a total of 12 notices were served in respect of 8 industrial premises for contravention of the dark smoke provisions of the Clean Air Act. The contraventions were found, in the main, to be caused by defects of the mechanical coal stokers or oil firing plant and after discussions with the engineers or stokers of the firms concerned the faults were quickly rectified. Only in three or four cases were the smoke emissions found to be caused by careless cleaning of the furnaces, or in one case due to the lighting up of a cold furnace. During the inspection of the plant emphasis was laid on the correct procedures to be adopted during these operations with beneficial results all round.

On the whole I think that it is fair to say that the industrial contribution to air pollution in the City, especially with regard to the visible products of combustion, is fairly low. This satisfactory state of affairs is the result of a gradual improvement each year over the past number of years created by an increasing awareness of managements to their responsibilities towards ensuring cleaner air and to the fact that the inefficient combustion of fuels can over a year mean considerable financial loss to the company. Many firms have now gone over to oil fired boilers and of the remainder still using coal all employ mechanical methods of stoking.

Further improvement has resulted from the gradual change over to deisel locomotives and the transfer of the goods marshalling yards to outside the City where the bulk of the shunting operations are now carried out by diesel locomotives.

I would like to think that this all round general improvement over the years has been assisted by the efforts of the department in educating management, engineers and stokers alike to this increased awareness of the contribution industry can make in the fight towards cleaner air.

A total of 18 chimney heights were approved under the Carlisle Corporation Act, 1887, and the Clean Air Act, 1956. The heights approved ranged from 18 feet for a small oil fired warm air unit to 94 feet for four oil fired boilers to serve the proposed extensions to a local factory.

Observations of daily smoke and sulphur dioxide content of the air were continued at Morley Street School, Ing'wood School and also at the Old Town Hall. An appreciable fall from the level of pollution has been noted but this could be attributed to a number of factors including the weather conditions throughout the year, particularly having regard to the very mild spell experienced during the last quarter of the year. No great significance should therefore be placed on the fall in level of pollution as a downward trend could only be confirmed by a series of observations taken over a number of years. There does, however, appear to be an increased trend for householders to convert to gas and electrical appliances, and to all types of central heating. This in itself will contribute towards cleaner air but the process will be slow and only a progressive programme of smoke control areas made under the Council's direction will achieve a completely smokeless atmosphere in the City.

Table 37 expresses the results obtained at each of the sites. Tables 38 and 39 show the the average smoke and sulphur dioxide concentrations for each site in graph form.

TABLE 37.
Average Daily Pollution 1966

Period	(Micro grammes per cubic metre)					
	Morley Street		Town Hall		Inglewood	
	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂
January ...	349	207	200	141	176	109
February ...	281	145	124	91	118	74
March ...	145	113	101	85	95	61
April ...	137	101	65	56	55	42
May ...	92	75	46	61	46	45
June ...	46	46	45	47	34	32
July ...	46	33	33	34	27	22
August ...	81	53	47	38	43	31
September ...	116	88	85	65	83	60
October ...	217	141	130	98	130	95
November ...	283	174	138	108	144	85
December ...	187	132	99	80	105	75
Summer Average	83.4	66.3	54.0	45.5	48.2	39.0
Winter Average	244.0	152.1	132.1	106.9	124.7	83.2
Year Average	165.0	109.7	92.5	75.3	86.5	61.0

Highest daily reading of smoke was at Morley Street School on 2nd February, 1966, and was 608.

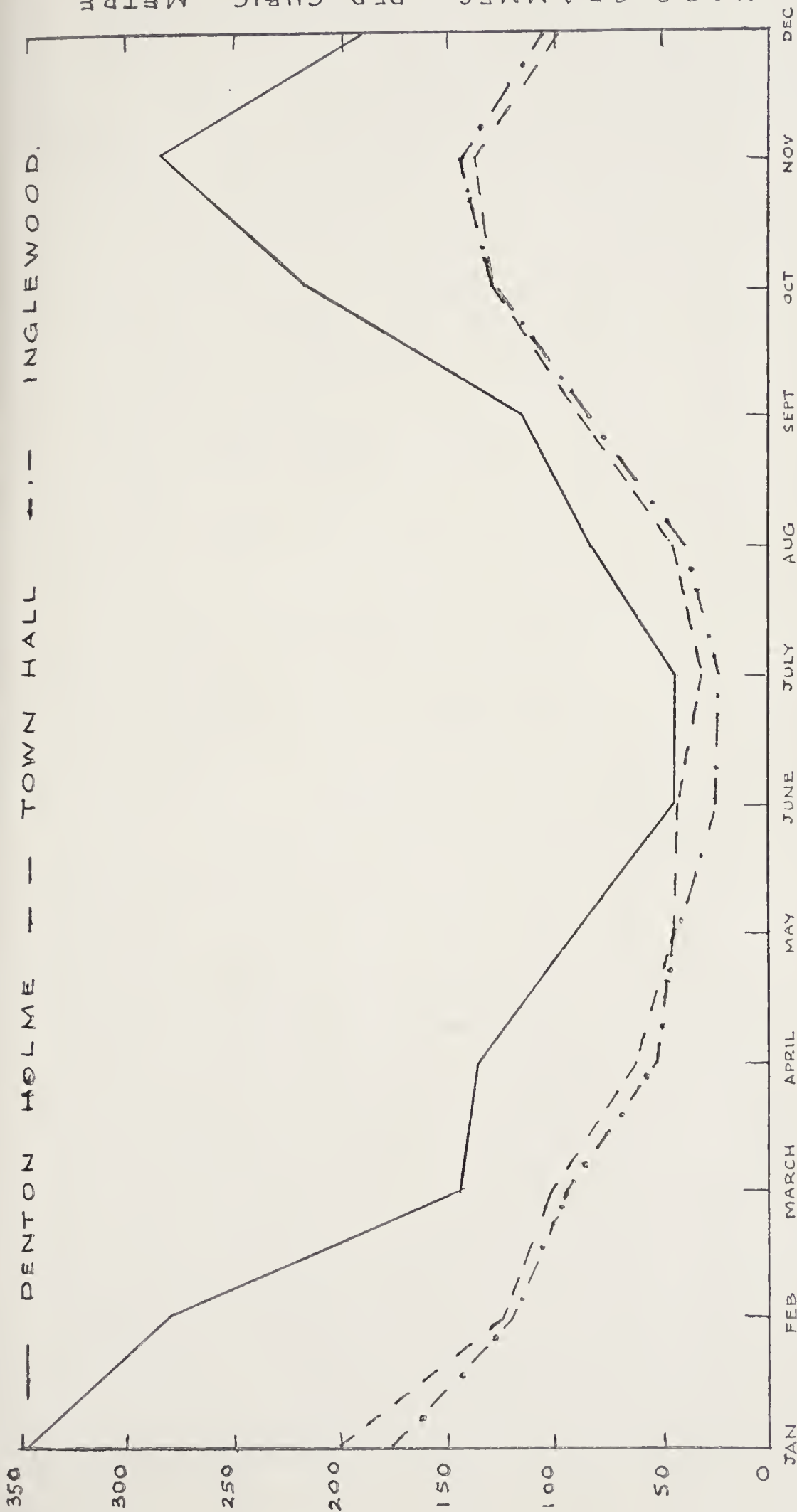
Highest daily reading of SO₂ was at Morley Street School on 25th January, 1966, and was 370.

Lowest daily reading of smoke was at Morley Street School on 1st July, 1966, and was 4.

Lowest daily reading of SO₂ was at the Town Hall on 11th and 13th April, 1966, and at Inglewood School on 13th April, 1966, when the Hydrogen Peroxide reaction was alkaline meaning that no SO₂ was present.

TABLE 38.

MICRO GRAMMES PER CUBIC METRE
PER DAY.

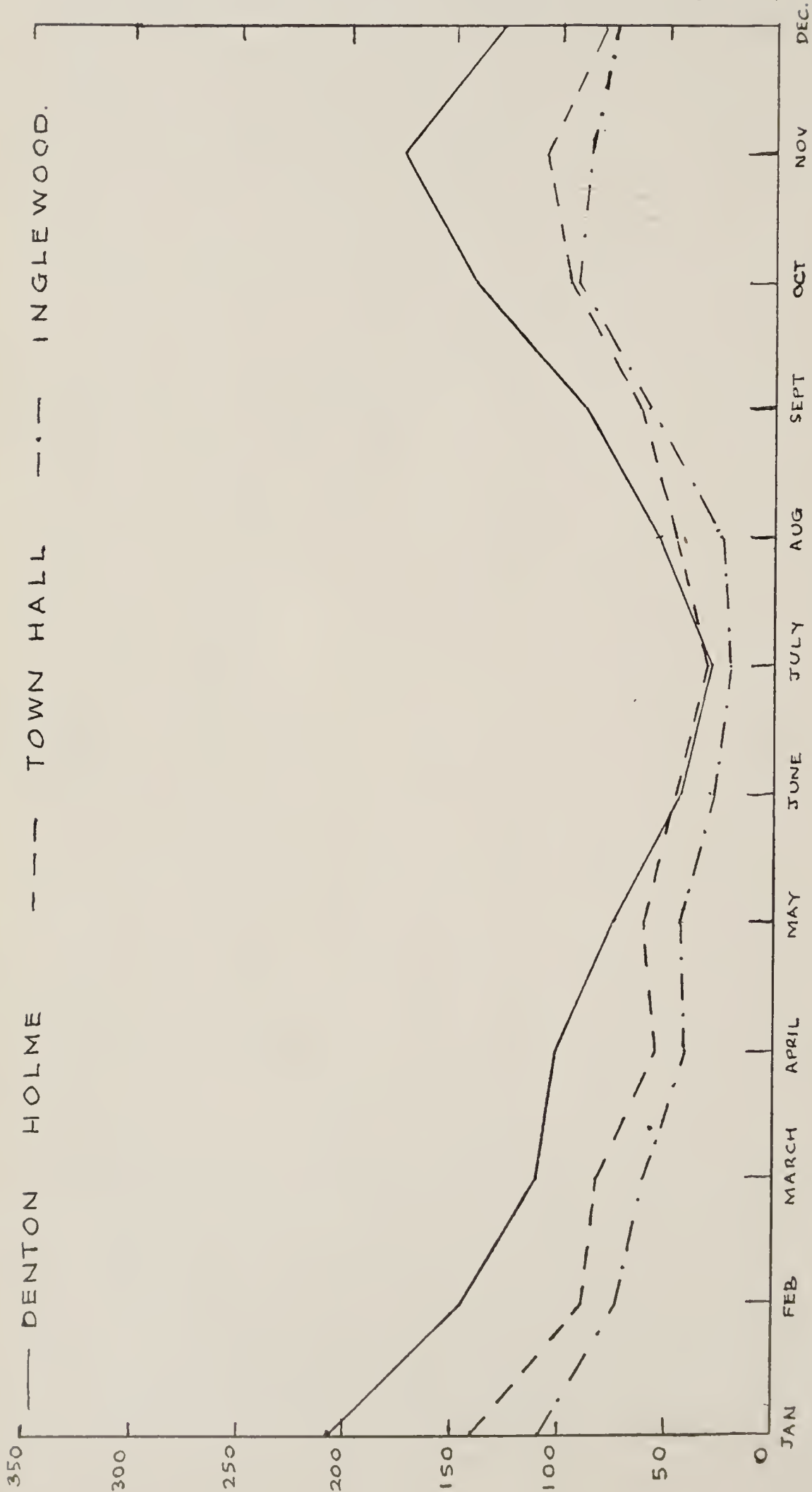


GRAPH SHOWING AVERAGE SMOKE CONCENTRATION
1966.

GRAPH SHOWING AVERAGE SULPHUR DIOXIDE CONCENTRATION

1926

TABLE 39.
MICRO GRAMMES PER CUBIC METRE
PER DAY.



FACTORIES ACT, 1961

1. Inspection for purposes of provisions as to health (including inspections made by Public Health Inspectors).

PREMISES	Number on Register	NUMBER OF		Occupiers Prosecuted
		Inspections	Written Notices	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority.	21	3	1	—
(ii) Factories not included in (i) in which Sec. 7 is enforced by Local Authority.	321	106	23	—
(iii) Other premises in which Section 7 is enforced by the Local Authority.	27	20	—	—
TOTAL ...	369	129	24	—

2. Cases in which defects were found.

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspec.	by H.M. Inspec.	
Want of Cleanliness (Sec. 1)	—	—	—	—	—
Overcrowding (Sec. 2)					
Unreasonable Temp. (Sec. 3)	—	—	—	—	—
Inadequate Ventillation (Sec. 4)	—	—	—	—	—
Ineffective Drainage of floors (Sec. 6) ...	—	—	—	—	—
Sanitary Conveniences					
(a) Insufficient ...	2	—	—	—	—
(b) Unsuitable or defective	24	14	—	—	—
(c) Not separate for sexes					
Other offences against the Act (not including offences relating to Outwork)	12	1	—	1	—
TOTAL ...	38	15	—	1	—

OUTWORKERS

NATURE OF WORK	SECTION 110			SECTION 111		
	No. of outworkers in August list required by Section 110(1) (c)	No. of cases of default in sending lists to Council	No. of Prosecu- tions for failure to supply lists	No. of instances of work in un- wholesome premises	Notices served	Prosecu- tions
The Making, etc. of Wear- ing Apparel	2	—	—	—	—	—

RODENT AND INSECT PEST CONTROL

Surface Treatment—Rodent Control

Complaints or reports received and investigated — 295.

	Dwelling Houses	Business Premises	L.A. Premises	Agri- cultural Premises
Premises inspected for presence of rats or mice	165	877	49	8
Premises in which evidence of the presence of rats or mice found	153	105	37	4
Visits of Inspection and treat- ment of all types of premises	1708			
No. of baits laid	5777			

During the year 1708 visits were made by the Rodent Operatives and 295 rodent infestations were confirmed. These figures are lower than previous years and reflect the efficiency of the operatives in their preventive measures. This work entails regular inspection of becks, mill races, ditches, river banks and agricultural land, waste ground, building and demolition sites and tips. In addition business premises throughout the City were surveyed, and where necessary test baited, to ensure that they were free from infestation.

Co-operation from occupiers of premises, and servicing companies undertaking pest control on their behalf, continued to be healthy and satisfying. Where drainage was suspected as the means of rodent entry, application was readily made to this Department for the use of the drainage smoke testing service. In this way many breaks in the drainage systems were detected, and premises cleared of rodents as if by magic.

Some electricity sub-stations presented problems. Gaps around cables and conduits allowed rodents to travel along these 'runways' in search of food and water and a few catering establishments were entered for just these needs. The N.W.E.B. made every endeavour to proof these ready made passages and exclude rodents from electrical supply.

A new method of killing mice by the use of a narcotic drug was tried. Results were encouraging and provided the drug is used below a temperature of 60°F. and under controlled conditions, mice will readily eat it. Death is so rapid that their bodies were found near the bait. There is, thus, no trouble with putrefying bodies in inaccessible places giving off foul smells. Rats, unfortunately, do not seem to take the drug, for some reason as yet unknown to this Department.

Sewer Treatment—Rodent Control

The intensive use of Warfarin poison in the twice yearly sewer treatments, was so successful last year that little evidence was found of rodent activity in the City centre sewers. This did not mean, as was eventually found, that the central area was completely cleared of rats. Small numbers of rodents became established in branch sewers in the many lanes connecting Scotch Street

and Lowther Street, and in only one lane are there manholes, giving access for effective rodent disinfestation. Despite the difficulties the rats were being contained and progress being made in their destruction, but from time to time they appeared on the surface. Invariably this was due to defective drainage systems in the area.

Warfarin resistant rodents are said to be on the increase in certain parts of the country. To date this species has not been found in the City. However, it has been considered wise to use another compound poison as a variable to prevent rodents acquiring immunity to Warfarin poison.

Pests—Other than Rodents

In food premises insect pest control is usually undertaken by servicing disinfestation companies. Consequently the figures of complaints are low and in the main the complaints were from domestic premises.

The perennial ant was still the most troublesome creature. Last year's experiments with an insecticidal lacquer proved the ants could be kept out of kitchens especially. Merely by spraying the lacquer near doors and other openings in the form of barrier bands has been found to deter ants from even trying to enter the kitchens. This method, wisely and carefully done, might enable householders to prevent any troubles within their home, but it must be said that finding and destroying ant nests is much more effective in reducing the ant population.

Pigeons were trapped at some of the many roosting places in the City. Catches were small as only one trap was in use and often the birds were released before they could be dealt with. A more effective method of reducing the number of pigeons causing considerable damage and nuisance to business premises in the City centre has still to be found. The chief difficulty is devising a method that will not cause some members of the public abhorrent distress. In the centre of the City there is no doubt that the pigeon population would be reduced by not feeding the birds bread crumbs and titbits. It would also help if property owners were to check their attics and roof spaces from time to time and so ensure that pigeon lofts were not being created.

Complaints received during the year included—

Bees	...	1	Beetles	...	6	Flies	...	7
Pigeons	...	4	Mites	...	1	Fleas	...	2
Cockroaches		10	Wasps	...	4	Smell	...	45
Silverfish	...	1	Ants	...	32	Woodworm		1

114 premises were treated on 135 separate occasions.

FOOD HYGIENE

There is every indication of a sincere desire by the vast majority of caterers and proprietors of other food premises to achieve and maintain a commendably high standard of hygiene in the conduct of their establishments. In certain cases the task has been made easier by the remarkable alteration that, in the past few years, has taken place in retail shops and shopping habits. To-day much of a food retailer's stock consists of ready packaged and branded goods from manufacturers of national or even international repute. Together, the manufacturers and the packaging industry have combined to produce by way of the can, bottle, carton or wrapping a product which has reduced the retailer's responsibility to little more than regulating the "shelf life" of his stock.

Whereas the advantages and most of the disadvantages of packaging are fairly well understood by the large manufacturers and it is clear that there are considerable hygienic benefits to be derived therefrom there are certain hazards which are not immediately obvious. The inter-action between content and covering material, particularly wrappings, by leaching and other means has not been fully investigated and some suspicion must attach to the growing practice of "in-store" packing by the "amateur" who without an exact knowledge of the most suitable materials required may with the best intentions in the world be creating unimagined health problems.

Subject to certain reservations there appears to be a much greater appreciation by food handlers of the vulnerability of certain open foods, particularly cooked foods, to bacterial contamination, but too much reliance continues to be placed on judgement by spoilage rate and the fact that danger can be present without sign, smell or taste is still difficult to drive home. The advice, technical information, encouragement and if necessary criticism, provided by the food hygiene officers of the Department are undoubtedly having some effect as much of the present equipment being installed in food premises has as its aim not only aesthetic appeal but also true protection from the risk of contamination of food. Screening of food, for example, is now an almost universal practice while refrigerated display is becoming increasingly commonplace.

In short, by to-day's standards good hygiene is good business. No doubt the supermarkets and chain stores were the first in the field but the small trader is straining all his resources to measure up to the standards set by his wealthier competitors.

Staff shortages and changes, particularly in the catering trades, is the root of a great deal of the trouble that persists, notwithstanding the greater efforts being exerted by some managements in the pursuance of improved standards. As a career the prospects to an assistant in the catering trade are not encouraging and consequently most of the staff consider it in the light of temporary

employment until something better comes along. Their interest, their application and their desire to acquire skills in their jobs are consequently no more than is necessary to get them through their day to day tasks and unless a worker is willing to receive training and accept some form of discipline in his duties based on an understanding of the reason and purpose behind it all, no amount of peremptory dictum is likely to prove very fruitful. This is one aspect in which management in the food trade, with some exceptions, has failed lamentably. The opportunity exists, as the Carlisle Technical College with the approval of the Royal Society for the Promotion of Health, has introduced courses leading to a certificate in the Hygiene of Food Retailing and Catering. These courses are of particular value to those engaged in related occupations whether it be in factories, warehouses, transport, retail stores or shops, markets, hotels, restaurants and canteens, and have been designed not only to allow candidates to secure certificates in general subjects but also certificates endorsed in a specific subject such as bakery, grocery, meat and meat products, ice-cream and milk and milk products. In relation to the total number of people engaged in these occupations the number taking the course is regrettably insignificant. The several courses consist of about twelve lectures in which practising public health inspectors of this Department play a large part.

Some interesting projects of structural improvement mostly in catering premises, designed to relieve congestion in the working spaces and to improve facilities for both the staff and the public have been unfortunately held in abeyance as a result of the economic situation which erupted in July.

The intensive measures taken to combat the persistent cases of sepsis among workers in one of the factories commented upon in my last report would appear to have been successful. There has been no re-occurrence of the trouble. A first-aid room with an attendant nurse has been set up and this, together with the vigilance with which the personal hygiene of the operatives is supervised has no doubt contributed in no small measure to the success of the operation.

MILK SUPPLIES

Milk and Dairies (General) Regulations, 1959

No. of Milk Distributors on the Register ..	...	...	...	149
No. of Dairies on the Register	...	...	...	7

Milk (Special Designations) Regulations, 1963

No. of Dealers' licences to use the designation "Untreated"	79
No. of Dealers (Pasteuriser's) licences	3
No. of Dealers licensed to use the designation "Pasteurised"	97
No. of Dealers licensed to use the designation "Sterilised"	28

Chemical Testing of Milk

110 samples of milk were treated in the Department's Laboratory. Generally the percentage of fat and non-fatty solids was found to be very satisfactory. Samples were taken not only from milk distributors but also from cafes, restaurants, hotels and vending machines.

Bacteriological Examination of Milk

108 samples of milk were submitted to the Public Health Laboratory with the following results.

HEAT TREATED MILK

Designation	No. of Samples	Meth Blue		Phosphatase		Turbidity Test		Unsatisfactory Samples Percentage
		Pass	Fail	Pass	Fail	Pass	Fail	
Sterilised Pasteurised	7	—	—	—	—	7	—	0.00
	22	20	2	22	—	—	—	9.09
TOTALS	29	29	2	22	—	7	—	9.09

MILK OTHER THAN HEAT TREATED

Designation	No. of Samples	Passed Meth. Blue	Failed Meth. Blue	Unsatisfactory Samples Percentage
Untreated	79	67	12	15.19

The County Borough of Carlisle was declared a “specific area” in the Milk (Special Designation) (Specified Areas) Order, 1956, which required the compulsory retail sale of nothing other than tuberculin tested, pasteurised or sterilised milk as from the 10th April of that year. The Milk (Special Designation) Regulations, 1963, altered the designation “tuberculin tested” to “untreated” as from 1st October, 1964.

Producers Licences are granted by the Ministry of Agriculture, Fisheries and Food Pasteurisers Licences by the local authority in whose area the plant is situated.

The 12 “untreated” milks that failed the test were all from producers outside the area of Carlisle and were referred to the Ministry’s Area Milk Production Officer. The 2 pasteurised samples were investigated and follow-up samples from the same source were satisfactory.

Brucella Abortus

All samples of untreated milk are examined at the Public Health Laboratory for the presence of Brucella Abortus. Of the 79 samples so tested none were found positive to the organism.

Antibiotics in Milk

While great success has been achieved in the elimination from our milk supply of the danger of tubercle infection no sooner are we relieved of one anxiety but another arises to replace it.

Antibiotics are the present most effective treatment for mastitis in dairy cows, but unfortunately a cow so treated may excrete the antibiotic in her milk for a period following the treatment. Some people are sensitive to antibiotics and in any case we are better without any furtive and uncontrolled intake of medical antibiotics.

In an effort to contain the use of antibiotics and thus reduce their inadvertent introduction into our milk supply a publicity campaign was launched emphasising the advantages of securing a reduction in the incidence of mastitis by the safer and more natural protection afforded by better milking and hygienic practice. When, however, the need for therapeutic intervention is inescapable certain precautionary measures have been recommended which, if followed, reduce any risk to insignificant proportions. As an additional safeguard the Milk Marketing Board imposed financial penalties and as a final measure local authorities may take proceedings under the Food and Drugs Act.

Two samples of milk taken during the year showed signs of antibiotics above the permitted minimum. In both instances the incidence of the antibiotic seems to have arisen following treatment of the animal and not the udder. Following warnings milk from the particular cows was used for other purposes than human consumption.

Bacterial Examination of Ice-Cream

159 samples were taken during the year for bacteriological examination.

Further to the usual sources of samples, i.e. local manufacturers and retailers from shops and vans, samples were taken from restaurants and cafes. Some of these were of a surprisingly low standard but improved considerably following advice and the purchase of a bactericidal agent for cleaning equipment.

The use of a detergent by itself to wash equipment in a food premises is not satisfactory in that bacteria may not be dislodged from the surface of the equipment. A bactericidal detergent should be used to ensure that equipment is really clean in that bacteria on the surface are killed. There are many of these on the market, some of them are manufactured for a specific purpose such as the ice-cream trade.

The grading of the 159 samples taken was as follows :—

Grade	MOBILES				PREMISES			
	I	II	III	IV	I	II	III	IV
Soft Ice Cream	1	—	—	—	8	4	7	3
Other Ice Cream	4	1	6	2	71	17	27	8

Bacterial Examination of Foodstuff

Concern was felt during the year regarding the number of canned goods offered for condemnation due to being in a "blown" condition. A number of cans were submitted to the Public Health Laboratory for identification of the bacteria causing the gas formation in the can. In 6 instances, 2 produced in England and 4 abroad, it was thought necessary to write to the canner informing him of the presence of the bacteria. The co-operation of the Ministry of Health was obtained with the imported cans and an overseas inspector visited the premises concerned before reporting back on the conditions prevailing at the particular factory.

Samples of a variety of foodstuffs on sale being used in bakeries and restaurants were also submitted for bacterial examination. All of these proved to be satisfactory.

Cream which had been subjected to heat treatment after being put into a bottle was found to be satisfactory and could be held in a shop without special storage.

Some of the "fresh creams" however, were unsatisfactory in that bacteria present in cream had been allowed to multiply to such an extent as to make the cream potentially dangerous. Improvement in the cream was brought about by keeping it cool during delivery and whilst exposed for sale. Refrigeration will not kill bacteria present in the foodstuff but will inhibit growth so that the bacteria are not so numerous and therefore are less dangerous.

The results of cream sampling in Carlisle are consistent with those found in other parts of the country and would seem to call for legislation to control the production of cream and the handling of it similar to the regulations governing ice-cream.

FOOD HYGIENE REGULATIONS

The following is a list of contraventions found on inspection :—

							Contraventions	
							Found	Abated
Insanitary Premises	...	...	...	...	...	...	2	1
Cleanliness of equipment	...	...	...	...	...	...	21	55
Protection of food from contamination	...	...	...	...	...	...	22	24
Personal hygiene of food handling staffs	...	...	...	...	...	...	7	5
Sanitary conveniences	...	...	...	...	...	...	51	45
Water supply	...	...	...	...	...	...	—	—
Staff washing facilities	...	...	...	...	...	...	40	34
First Aid equipment	...	...	...	...	...	...	6	13
Accommodation for outdoor clothing	...	...	...	...	...	...	7	8
Facilities for washing equipment	...	...	...	...	...	...	5	9
Lighting of food rooms	...	...	...	...	...	...	—	—
Ventilation of food rooms	...	...	...	...	...	...	13	10
Food room not to be, or to communicate with, sleeping accommodation	...	...	...	...	...	...	1	—
Cleanliness of food rooms	...	...	...	...	...	...	296	306
Accumulations of refuse	...	...	...	...	...	...	2	3
Maintenance of temperature of foods	...	...	...	...	...	...	—	1
Stalls and vehicles	...	...	...	...	...	...	6	3
Conveyance of meat	...	...	...	...	...	...	2	2
							481	519

Inspection and Registration of Food Premises

Registerable Premises

Ice Cream—

	No. in area	No of inspect- ions	No fitted to comply with Reg. 16	No. to which Reg 19 applies	No. fitted to comply with Reg. 19
Wholesale manufacture ...	1	7	1	1	1
Manufacture and Retail Sale ...	17	58	15	17	16
Wholesale Storage for Sale ...	3	—	3	3	3
Retail Sale—mainly pre-packed ...	243	202	235	—	—
Preparation or manufacture of Sausage, or Potted, Pressed, Pickled or Preserved Food ...	78	44	76	78	78
Fish Friers ...	27	44	23	27	27

Other Food Premises—

Bakehouses ...	31	138	30	31	31
Bakers' and Confectioners' Shops ...	84	222	74	82	74
Butchers' Shops ...	84	193	78	84	82

Catering Establishments—

Hotels, Restaurants, Cafes, etc. ...	50	433	50	50	46
Industrial & Commercial Canteens	36	27	33	33	33
School Canteen ...	34	11	34	34	34
Residential Hospitals, Institutions	19	18	19	19	19
Non-Res. Ints., Clubs, Halls, etc. ...	21	14	20	21	17
Boarding Houses & Guest Houses, etc.	52	79	not known	not known	not known
Fruiterers' & Greengrocers' Shops ...	79	61	64	82	76
Wholesale Merchants ...	5	8	5	5	5
Grocers and Provision Merchants—					
Shops ...	187	165	121	189	182
Wholesale Merchants ...	7	29	7	7	7
Licensed Premises—Inns, Hotels, etc.	130	23	not known	not known	not known
Sugar Confectionery—Shops ...	74	12	61	70	54
„ „ Wholesale ...	7	2	7	7	7
Wet Fish—Shops ...	12	38	12	11	11
„ „ Wholesale ...	2	5	2	2	2
Private Slaughterhouse ...	1	70	1	1	1
Food or Drinks Manufactories ...	11	74	11	11	11
Bacon Factory ...	1	74	1	1	1
Mobile Shops, Vans, Canteens ...	135	95	130	—	—
Temporary Market Stalls ...	100	74	18	Common	Common
Pharmaceutical Chemists ...	24	10	20	24	24
MILK—Dairies and Distributors ...	145	291	94	—	—

N.B.—Variations in figures due mainly to acceptance of domestic arrangements being adequate for both shops and houses where house is attached to shop.

The Liquid Egg (Pasteurisation) Regulations, 1963

(i) Number of egg pasteurisation plants in the district ...	one
(ii) Number of samples of liquid egg submitted to the Alpha-Amylase test ...	5
(iii) Number satisfactory ...	5
(iv) Comments on the year's administration of the Regulations	Nil

FOOD CONTROL

Food samples supplied for analysis :—

ARTICLE	No. of Samples		No. found to be Unsatisfactory	
	Formal	Informal	Formal	Informal
Baby Food	—	2	—	—
Biscuits	—	1	—	—
Bread	—	3	—	1
Butter	—	3	—	—
Chicken Jelly	—	1	—	—
Coffee	—	1	—	—
Cough Mixture	—	1	—	—
Cream	—	4	—	—
Dessicated Coconut	—	1	—	—
Evap. Milk	—	1	—	—
Fish Cakes	—	1	—	—
Flour	—	2	—	—
Gravy Salt	1	1	—	—
Guavas in Syrup	—	—	—	—
Honey	—	1	—	—
Ice-Cream	—	11	—	1
Indian Egg Curry	1	—	—	—
Instant Orange	—	1	—	—
Kooloze	—	1	—	—
Margarine	—	1	—	—
Marzipan	—	1	—	—
Milk Dried Powders	—	1	—	—
Milk Powder	—	1	—	—
Potted Meat	—	2	—	—
Preserves	1	1	—	—
Rum Butter	—	1	—	—
Sausages Beef	—	5	—	—
Cumberland	—	1	—	—
Pork	—	5	—	1
Tomato	—	3	—	—
Soft Drinks	—	5	—	—
Tablets	1	2	1	1

Routine sampling of food and drugs revealed only 5 samples to be unsatisfactory out of 69 purchased. These were of a minor nature and the co-operation of the manufacturers was readily obtained to bring the foodstuffs up to requirements or to amend the labelling of the products.

MEAT AND FOOD INSPECTION

The establishment of the section includes 6 full-time meat inspectors four of whom are employed at a private bacon factory and 2 at the private slaughterhouse. Due to staff shortage, holidays and sickness during the year it was necessary to arrange for Public Health Inspectors to be diverted to meat inspection duties for 103 half day units at the bacon factory and 241 half day units at the private slaughterhouse.

SLAUGHTERHOUSE

CARCASES INSPECTED INCLUDING THOSE CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	5147	705	112	29502	10493	—
Number inspected	5147	705	112	29502	10493	—
ALL DISEASES EXCEPT TUBERCULOSIS						
Whole carcasses condemned	4	8	18	117	18	—
Carcase of which some part or organ was condemned	2911	328	22	5137	950	—
Percentage of the number inspected affected with disease other than tuber- culosis	52.75	48.41	85.10	18.12	9.64	—
TUBERCULOSIS ONLY						
Whole carcasses condemned	—	—	—	—	—	—
Carcase of which some part or organ was condemned	1	1	—	—	207	—
Percentage of the number inspected affected with tuberculosis	0.01	0.14	—	—	2.06	—
CYSTICERCOSIS						
Carcase of which some part or organ was condemned	46	6	—	—	—	—
Carcase submitted to treat- ment by refrigeration ...	46	6	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—	—

The following tables give the number of animals killed annually during the past four years :—

SLAUGHTERHOUSE

Year	Cattle	Sheep and Lambs	Calves	Pigs	Total
1963	7377	30528	121	7824	45850
1964	8290	35358	114	8876	52638
1965	7208	29502	112	10493	47315
1966	5844	28876	47	10039	44803

HARRABY BACON FACTORY

1963				143137	143137
1964				193626	193626
1965				214166	214166
1966				191200	191200

SLAUGHTERHOUSE

Table showing number of Carcasses and Part Carcasses condemned for disease.

				Whole Carcasses					Part Carcasses				
DISEASE OR CONDITION				Cows	Other Cattle	Sheep	Calves	Pigs	Cows	Other Cattle	Sheep	Calves	Pigs
Abscesses	...	...	...	—	—	1	—	—	—	8	487	—	30
Anaemia	...	...	...	—	—	3	—	—	—	—	—	—	—
Arthritis, Septic	...	...	...	—	—	1	—	—	1	2	—	—	19
Arthritis, Suppurative	...	...	...	—	—	3	—	1	—	—	11	—	—
Ascites	...	...	...	—	—	—	—	—	1	—	17	—	—
Atrophy	...	...	...	—	—	1	—	—	—	—	2	1	—
Bone taint	...	...	...	—	—	—	—	—	—	3	—	—	—
Bruising	...	...	...	—	—	—	—	—	4	11	62	—	7
Contamination	...	...	...	—	—	—	—	—	—	—	2	—	—
Decomposition	...	...	...	—	—	2	—	1	—	—	2	—	—
Emaciation	...	...	...	—	—	1	1	—	—	—	—	—	—
Erysipelas	...	...	...	—	—	—	—	1	—	—	—	—	—
Fevered	...	...	...	1	—	6	—	1	—	—	—	—	—
Gangrene	...	...	...	—	—	4	—	—	—	—	—	—	—
Icterus	...	...	...	—	—	—	2	—	—	—	—	—	—
Immaturity	...	...	...	—	—	—	9	1	—	—	—	—	—
Injuries	...	...	...	—	—	3	—	—	4	9	25	1	10
Jaundice	...	...	...	—	—	—	1	1	—	—	—	—	—
Joint Ill	...	...	...	—	—	2	—	—	—	—	—	—	—
Malformation	...	...	...	—	—	—	—	—	—	—	—	—	—
Mastitis	...	...	...	—	—	1	—	—	3	—	—	—	1
Metritis	...	...	...	—	1	—	—	—	—	—	—	—	—
Moribund	...	...	...	—	—	2	—	1	—	—	—	—	—
Necrosis	...	...	...	—	—	—	—	—	1	—	—	—	—
Odour, Abnormal	...	...	...	—	—	2	—	—	—	—	—	—	—
Oedema	...	...	...	5	1	74	3	6	2	1	9	—	1
Pericarditis	...	...	...	—	—	—	—	—	—	1	—	—	—
Peritonitis	...	...	...	—	—	1	1	—	—	—	3	—	1
Peritonitis, Septic	...	...	...	—	—	3	—	2	—	—	—	—	—
Pleurisy	...	...	...	—	—	—	—	—	—	—	3	—	3
Pleurisy, Septic	...	...	...	—	—	1	—	2	—	—	—	—	6
Pneumonia	...	...	...	—	—	2	—	—	—	—	2	—	—
Pyaemia	...	...	...	1	1	2	—	—	—	—	—	—	—
Pyrexia	...	...	...	—	—	4	—	—	—	—	—	—	—
Septicaemia	...	...	...	—	—	—	—	—	—	—	—	—	1
Skin rash	...	...	...	—	—	—	—	—	—	—	—	—	5
Sores	...	...	...	—	—	—	—	—	—	—	—	—	—
Tuberculosis	...	...	...	—	—	—	—	—	—	—	—	—	—
Tumours	...	...	...	—	—	—	—	—	—	—	—	—	1
Uraemia	...	...	...	—	—	—	—	1	—	—	—	—	—
Urticaria	...	...	...	—	—	—	—	—	—	—	—	—	2
Xanthosis	...	...	...	—	—	—	—	—	1	—	—	—	—

BACON FACTORY

Table showing number of Carcasses and Part Carcasses condemned for diseases.

DISEASE OR CONDITION						Whole Carcasses	Part Carcasses
Abscesses	...	...	...	...	...	6	1751
Anaemia	...	...	...	...	...	15	—
Anasarca	...	...	...	...	...	10	—
Arthritis	...	...	...	...	...	16	705
Arthritis — Suppurative	...	...	...	...	...	2	—
Ascites	...	...	...	...	...	—	63
Atrophy	...	...	...	...	...	—	1
Bruising	...	...	...	...	...	7	1240
Contamination	...	...	...	...	...	—	4
Decomposition	...	...	...	...	...	—	3
Emaciation and Oedema	...	...	...	...	...	25	—
Enteritis	...	...	...	...	...	5	1
Erysipelas	...	...	...	...	...	—	16
Fevered	...	...	...	...	...	3	—
Gangrene	...	...	...	...	...	12	9
Hernia	...	...	...	...	...	—	34
Ill Bled	...	...	...	...	...	1	—
Icterus	...	...	...	...	...	1	—
Ill Set	...	...	...	...	...	—	—
Inflammation	...	...	...	...	...	—	5
Jaundice	...	...	...	...	...	1	—
Leukaemia	...	...	...	...	...	1	—
Mastitis	...	...	...	...	...	—	—
Muscular Dystrophy	...	...	...	...	...	1	—
Malformation	...	...	...	...	...	—	31
Metaplasia	...	...	...	...	...	—	4
Metritis	...	...	...	...	...	1	—
Moribund	...	...	...	...	...	8	—
Nephritis	...	...	...	...	...	—	6
Oedema	...	...	...	...	...	51	15
Oedema and Ill Set	...	...	...	...	...	2	—
Odour Abnormal	...	...	...	...	...	1	—
Overscalding	...	...	...	...	...	9	4
Pericarditis	...	...	...	...	...	1	—
Peritonitis	...	...	...	...	...	14	153
Pleurisy	...	...	...	...	...	2	199
Pleurisy and Peritonitis	...	...	...	...	...	9	134
Pneumonia	...	...	...	...	...	29	1
Postmortem Putrefaction	...	...	...	...	...	1	—
Pyæmia	...	...	...	...	...	32	—
Pyrexia	...	...	...	...	...	10	—
Pyelonephritis	...	...	...	...	...	1	—
Pyrometra	...	...	...	...	...	—	4
Sarcocysts	...	...	...	...	...	1	—
Septicaemia	...	...	...	...	...	—	—
Skin rash	...	...	...	...	...	—	56
Sores	...	...	...	...	...	1	108
Tuberculosis	...	...	...	...	...	2	—
Tumours	...	...	...	...	...	2	5
Uraemia	...	...	...	...	...	2	—
Urticaria	...	...	...	...	...	—	16

Statistics for a private bacon factory within the district are given on this separate sheet for two reasons—

- (i) Because of the line system operating in the slaughterhouse it is not possible to supply detailed reasons for condemnation of all organs.
- (ii) Following from (i) above the figures given on separate sheet show only carcase and part carcase condemnations.

Heads	3855	Mesenteries	5499
Plucks	4424	Stomachs	2531
Livers	7857	Kidneys	5766

N.B. There is no correlation between the above unclassified condemnations and number of animals involved as several organs may be removed from one carcase.

POULTRY INSPECTION

1. Number of poultry processing premises ... 1
2. Number of visits to the premises ... 217
3. Total number of birds processed during the year ... 1,647,577
4. Types of birds processed Turkeys, Hens and Broilers.
5. 0.5% of birds were rejected as unfit for human consumption.
6. The weight of poultry condemned as unfit for human consumption was 11 tons 4 cwt. 3 qrs. 19 lbs.
7. An electric plate stunner was installed at the factory. With this machine birds are despatched efficiently and painlessly, bleeding is satisfactory and oversplashing reduced.

A 'spotter' system of inspection was adapted for the supervision of workers of the processing line responsible for checking the birds for disease and abnormalities. Rejected carcasses and offal were detained for inspection by members of this Department at the end of the day. This material with feather and all waste products was collected in fibre glass tanks and removed daily from the factory for processing in the south.

The transportation in metal crates of live birds in open lorries created some problems for the poultry processing plant. In extremes of cold weather, some birds were found to be dead on arrival, from exposure. An investigation was conducted to try and determine the best practicable means of safeguarding against future repetition of these unfortunate occurrences. Wooden crates with the top row sheeted are now being used.

DISEASED AND UNSOUND FOOD

The following table shows the amount of food declared to be unfit for human consumption during 1966 :—

PUBLIC SLAUGHTERHOUSES :

			T.	C.	Q.	Lb.		T.	C.	Q.	Lb
Beef	...	...	2	16	3	25					
Beef Offals	...	...	12	16	2	20					
Mutton	...	...	2	17	2	25					
Mutton Offals	...	...	4	11	3	25					
Veal	...	...		5	3	17					
Pork	...	...	1	7	1	14					
Pork Offals	...	...	3	2	3	18	28	0	0	21	

HARRABY BACON FACTORY :

Pork	...	...	49	18	1	10				
Offals	...	...	53	2	0	15	103	0	1	25

OTHER SOURCES :

Meat at Wholesale Premises	...	—	—	—	—				
Meat at Retail Shops			14	3	6				
Cooked Meat and Meat Products	...		5	2	16				
Canned Meat	...	1	6	3	16				
Fish			3	2	2				
Fruit and Vegetables				2	0				
Poultry at Packing Station	... ..	11	4	3	19				
Other Foods	... ..	3	4	1	12				
						16	3	2	15
						147	0	1	5
				TOTAL					

DISPOSAL OF CONDEMNED FOOD

The policy of the Department has been and continues to be that the detection and destruction of food unfit for human consumption is of paramount importance. All retailers, wholesalers and transporters of food are given every encouragement to report suspect food in their possession and no complaint goes unanswered. The system by which traders receive credit from suppliers on receipt of a local authority condemnation certificate, encourages the traders to set aside any suspect food for inspection by the Health Department. Certificates of condemnation are given only on receipt of goods by the Inspector or the incinerator attendant.

A close control is kept over all condemned meat at the Slaughterhouse and Bacon Factory by the Meat Inspectors and it is disposed of only to approved, authorised collectors.

